

FRESH START WITHDRAWAL FORM

Received By Date

- Complete this form and obtain the signature of your Program Advisor/Chair/Director.
- Refer to the 'Significant Dates' section of the current <u>Undergraduate calendar</u> for deadline dates to withdraw. Forms received after the final date to withdraw for the specified semester will not be processed.
- Submit your completed Fresh Start Withdrawal Form to your School/Program Department Advisor.

Please note:

- Undergraduate program students who enrol in The Chang School classes and are assessed individual Chang School class fees should consult The Chang School school website for appropriate deadline dates.
- If you officially withdraw using this form you will be ineligible to continue in the Fresh Start Program. Your academic standing will return to Required to Withdraw (RTW). You will be eligible for reinstatement after the remainder of your 12 month (3 term) suspension period has lapsed.
- Fresh Start Withdrawal Forms require up to 2 business days for processing.

PART 1 (a) . To be completed	by Student			
TMU Student Number				
First Name (s)		Last Name		
(-,				
Suite/Apt. No.	No. and Street Address		City/town	
Province/State	Postal/Zip Code		Country	
Phone No. (day/cell)		Email Address		
Program Name (e.g. Journalism, Business Management, etc.)		Plan/Major (e.g. Building Science, Human Resources Management, etc.)		
PART 1 (b) . To be completed	by Student			
I understand that:				
days for processing. For n <u>ServiceHub</u> . If I officially withdraw I w	nore details, please go to www.toro	ntomu.ca/myservicehub-s esh Start Program and all I	r Student Center in MyServiceHub. Refunds requiresupport/students/student-fees/request-refund/or my enrolments will be dropped for the current test after the remainder of my 12 month period has less than the current test after the remainder of my 12 month period has less than the remainder of my	or contact The rm. My academic
Signature of Student	Print N	ame	Date	
PART 2. To be completed by S	chool/Department			
	drawal with the above-named studer Registrar's Office: Operations Suppor			
Signature of Department	Representative Print	Name	Date	
PART 3. To be completed by C	perations Support Unit			
Withdrawal Complete				
	gnature of Operations Support Repre	esentative	Date	