



# FULL-TIME TECHNOLOGY OR PART-TIME DEGREE WITHDRAWAL

## Student Information and Enrolment Services

SW1–1st Floor, 3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

T 604.434.1610 F 604.430.1331 TF 1.866.434.1610

**Instructions:** 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

### TO WITHDRAW FROM YOUR PROGRAM:

1. Note the withdrawal deadlines for your program at [bcit.ca/calendar](http://bcit.ca/calendar).
2. Meet with your program head or associate dean to discuss options and obtain a signature.
3. Consider meeting with a counselor by contacting Counselling and Student Development (SE16-127) at 604.432.8608.
4. Deliver this completed form to Student Information and Enrolment Services.

### STUDENT INFORMATION

Your BCIT ID Number <b>A0</b>	Legal First Name (given name)	Legal Last Name (family name)
Program Name		Program Start Date (DD-MMM-YYYY)

### REASON FOR WITHDRAWAL – CHOOSE ONLY ONE

<input type="checkbox"/> Change of career goals	<input type="checkbox"/> Lost interest in program	<input type="checkbox"/> Concerns regarding facilities or equipment
<input type="checkbox"/> Program too difficult / academic difficulties	<input type="checkbox"/> Concerns regarding instruction	<input type="checkbox"/> Department advised withdrawal
<input type="checkbox"/> Concerns regarding job prospects	<input type="checkbox"/> Workload too heavy	<input type="checkbox"/> Secured employment – program related
<input type="checkbox"/> Illness or health problems	<input type="checkbox"/> Financial difficulties	<input type="checkbox"/> Secured employment – program unrelated
<input type="checkbox"/> Commuting difficulties	<input type="checkbox"/> Family / personal	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sponsorship difficulties	<input type="checkbox"/> Weak academic background	_____

### FUTURE PLANS

### STUDENT DECLARATION

This is to certify that all money owed to BCIT has been paid and that any property belonging to BCIT has been returned in good condition. I understand that my withdrawal will be circulated to the applicable departments within BCIT.

Student Name	Signature	Date (DD-MMM-YYYY)
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### TO BE COMPLETED BY PROGRAM HEAD, ASSOCIATE DEAN OR DEAN

Name	Signature	Date (DD-MMM-YYYY)
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