

Schedule A: Application to Withdraw

Application to Withdraw

This application form is used to request to withdraw from the CPLED Program. This form is used by a student who has already commenced the CPLED Program and is not requesting a deferral. Please read and follow the attached instructions to avoid delay or rejection of your application.

Student Information	
Last Name	First Name
Email	Phone
Request	
I request to withdraw from the PREP effective [YYYY-MM-DD]:	
Reason for Withdrawal	Important – Please Read
I request to withdraw for the following reasons: <i>(optional)</i>	A student who withdraws is deemed to have attempted the PREP. If your request to withdraw is due to an illness/medical condition, religious conviction, domestic affliction/bereavement, or other special or unusual circumstance, you may have grounds to support an <i>Application for a Deferral</i> . Please contact CPLED for details.
Additional Information (attach a separate sheet if required):	
I confirm that I have read and understood the instructions and requirements of this form and that all the information and documentation provided in support of this application are accurate and true. Further, I authorize CPLED and my Law Society to contact those who have provided documentation submitted in support of this application.	
Student Signature	Date [YYYY-MM-DD]
Decision (Office Use Only)	
<input type="checkbox"/> Approved effective:	
Phases to which the student was provided access prior to the effective date of withdrawal:	Tuition refund (if any):
<input type="checkbox"/> Foundation Modules <input type="checkbox"/> Foundation Workshops <input type="checkbox"/> Virtual Law Firm <input type="checkbox"/> Capstone	<input type="checkbox"/> Tuition not paid <input type="checkbox"/> Full refund: \$ _____ paid to: _____ Student _____ Firm <input type="checkbox"/> Partial refund: \$ _____
Other Comments (attach a separate sheet if required):	
CPLED Representative Signature	Date [YYYY-MM-DD]