

## APPLICATION FOR WITHDRAWAL

Students submitting this application should ensure they have read and understood CPLED's policies. This form should be used to request a permanent withdrawal from a student's program. Requests from students who require an extended absence but intend to return to the program should be addressed by way of an Application for Deferral.

Student Information	
Last Name	First Name
Email	Phone
Program Information	
I request to permanently withdraw from the following program: <input type="checkbox"/> PREP <input type="checkbox"/> LRW	
Request	
I request to withdraw from my program with the effective date (YYYY-MM-DD):	
Reason for Withdrawal	
I request to withdraw for the following reasons: <i>(optional)</i>	
Additional Information (attach separate sheet if required):	

I confirm that I have read and understood the requirements of this form and any relevant CPLED policies. I affirm that all the information and documentation provided in support of this application are accurate and true. I understand that CPLED may request further information and documentation from me in support of my application. For the purposes of verifying authenticity, I authorize CPLED to contact anyone who provided documentation submitted in support of this application, including but not limited to medical documentation.

Student Signature	Date [YYYY-MM-DD]
-------------------	-------------------