

Last Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Current Program: \_\_\_\_\_  
 Student ID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

All withdrawals are subject to a mandatory Graduate Student Withdrawal fee. The fee applies to all graduate-level programs at Athabasca University. It is important that you **familiarize yourself with all fees and regulations prior to submitting any paperwork**. Any fees will be charged to your account prior to processing any applicable refunds. See your [program site](#) for details prior to submitting your form.

There are only **two types** of Course Withdrawal:

1. Early Withdrawal: **Partial refund**--less the Course withdrawal fee (prorated for 1- and 2-credit courses)--for withdrawals **prior to the course start date OR no later than one month after the course start date**. Any money will be refunded back to the original form of payment after the course withdrawal request is processed (E.g. Credit card, government loan). Registrations are non-transferable, and Finance does not hold money on account for use in upcoming terms.
2. Withdrawal after 30 days: **No refund** for any withdrawals 30 or more days after the course start date.

IMPORTANT--Please consider the following prior to form submission:

- Review all applicable program regulations (program status, re-registrations, and withdrawals)
- Consult with an [Academic Advisor](#) for any program planning advice prior to submitting your form.
- Students are permitted one registration and one re-registration for each course. Subsequent registrations the same courses will require Director approval.

**Additional Step for Clinical/Practicum Courses only:**

*If you are withdrawing from a clinical/practicum course, or you have submitted Typhon Request for an upcoming placement, you are required to notify the Clinical team at: [fhdyphonadmin@athabascau.ca](mailto:fhdyphonadmin@athabascau.ca) (Nurse Practitioner courses) or [gcappracticumadmin@athabascau.ca](mailto:gcappracticumadmin@athabascau.ca) (Counselling courses).*

Please withdraw me from the following course(s):

Course 1:	Term:	Year:
Course 2:	Term:	Year:
Course 3:	Term:	Year:
Course 4:	Term:	Year:

**Please direct our completed form or any questions to us at**

NURSING & HEALTH STUDIES PROGRAMS

OR

COUNSELLING PROGRAMS

Email: [cnhsgrad@athabascau.ca](mailto:cnhsgrad@athabascau.ca)

Email: [gcapadmin@athabascau.ca](mailto:gcapadmin@athabascau.ca)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date