



STUDENT WITHDRAWAL FORM

Name of training organization _____

(month and year of withdrawals)

Name of Student	Address	Name of Program	Start Date	End Date	Withdrawal Date	Amount refunded to each type of funding*	
						<input type="checkbox"/> Student Loan	\$ _____
						<input type="checkbox"/> Training & Skills Development	\$ _____
						<input type="checkbox"/> Personal	\$ _____
						<input type="checkbox"/> Other	\$ _____
						<input type="checkbox"/> Student Loan	\$ _____
						<input type="checkbox"/> Training & Skills Development	\$ _____
						<input type="checkbox"/> Personal	\$ _____
						<input type="checkbox"/> Other	\$ _____
						<input type="checkbox"/> Student Loan	\$ _____
						<input type="checkbox"/> Training & Skills Development	\$ _____
						<input type="checkbox"/> Personal	\$ _____
						<input type="checkbox"/> Other	\$ _____
						<input type="checkbox"/> Student Loan	\$ _____
						<input type="checkbox"/> Training & Skills Development	\$ _____
						<input type="checkbox"/> Personal	\$ _____
						<input type="checkbox"/> Other	\$ _____
						<input type="checkbox"/> Student Loan	\$ _____
						<input type="checkbox"/> Training & Skills Development	\$ _____
						<input type="checkbox"/> Personal	\$ _____
						<input type="checkbox"/> Other	\$ _____

* Refunds must be made within four (4) weeks of notice of withdrawal.

Please mail or fax to:
 Private Occupational Training, Department of Post-Secondary Education, Training and Labour
 P.O. Box 6000 (500 Beaverbrook Court)
 Fredericton, NB E3B 5H1

Fax : (506) 444-5394
Telephone : (506) 444-5781