



**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.

**Student Withdrawal forms must be sent within 4 weeks of the time of withdrawal or once a month.**

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