



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 \$ _____
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						<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 email

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

Email Address:
LFPSP-POTA@gnb.ca