



REQUEST FOR WITHDRAWAL OR DEFERRAL

ETFO ADDITIONAL QUALIFICATION COURSES

A course withdrawal or deferral will be granted in accordance with the policies described in the Policies tab of the ETFO-AQ website, at <http://etfo-aq.ca>. Please review these policies before submitting this form. A course may be deferred **one time only**.

COLLEGE OF TEACHERS REGISTRATION NUMBER

LAST NAME (PLEASE PRINT) FIRST NAME (PLEASE PRINT)

Please process my request for the following:		
WITHDRAWAL	NAME OF COURSE	SESSION
DEFERRAL TO	<div style="border: 1px solid black; border-radius: 10px; width: 100%; height: 60px;"></div>	

Reason for request: _____

SIGNATURE

Please fax to the attention of:
ETFO-AQ
416-355-6753

Please note: incomplete forms will not be processed.

FOR OFFICE USE ONLY

Date reimbursed

Date of withdrawal

Confirmation with Instructor

Staff signature