



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 ORDER ID NUMBER

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

Please process my request for the following:

WITHDRAWAL	NAME OF COURSE	SESSION
DEFERRAL TO	[Empty rounded rectangle]	

Reason for request: _____

SIGNATURE

Please fax or email to the attention of:
ETFO AQ
Fax #: 416-355-6753
Email: aqcourses@etfo.org

Please note: incomplete forms will not be processed.

FOR OFFICE USE ONLY

Date reimbursed Date of withdrawal

Confirmation with Instructor Staff signature