



# Course Withdrawal

Policy Reference: [AC.3.1.1](#)

AA211, Heritage Hall  
1301 - 16 Avenue NW  
Calgary, AB T2M 0L4  
Phone: 403.284.7248  
Toll-free: 1.877.284.7248  
Fax: 403.284.7112

Please submit this form to [inquiry@sait.ca](mailto:inquiry@sait.ca)

Please complete sections A to C.

## A) Personal Information

			Student ID Number	
Last Name			First Name	Middle Name
Address			City	Province
Preferred Number	Home Cellular Business	Alternate Number	Home Cellular Business	Postal Code
Email Address				

## B) Course Withdrawal

Program Name			Withdrawal Course(s) from Term			
			Fall (Sept - Dec)	Winter (Jan-Apr)	Spring (May-June)	Summer (July-Aug)
CRN	Course Code	Section	Course Name		Course Start Date	

## C) Student Acknowledgement

It is recommended that you meet with your academic advisor before withdrawing to ensure you have course availability and/or the prerequisites for future course registration.

<b>Withdrawal from a Subject</b> - A student who wishes to receive a W grade from a subject/course: <ul style="list-style-type: none"><li>Must withdraw prior to completing 70 per cent of the course, based on the course end date.</li><li>Must complete and submit the form to the Office of the Registrar prior to the withdrawal deadline (see dates to remember) to receive a withdrawal "W" grade.</li><li>Understands that a withdrawal from a course is considered an attempt. Refer to AC.3.1.1 for details on repeats.</li><li>Understands by signing the form without an Academic Advisor signature accepts consequences for future registrations.</li><li>Understands that withdrawing after the withdrawal deadline, may receive a grade based on course completed work.</li></ul>	
Student Signature	Date
Academic Advisor (or Earned Revenue Coordinator)	Date

## FOIP Notification

The personal information you provide on this form is collected under the authority of the [Freedom of Information and Protection of Privacy Act](#) of the Province of Alberta, Section 33(c). This information will be used to process your course withdrawal full-time request. If you have any questions about the collection or use of this information, contact the Office of the Registrar's FOIP coordinator at [foip.coordinator@sait.ca](mailto:foip.coordinator@sait.ca).

Records updated by	Date
--------------------	------