

COURSE WITHDRAWAL FORM

Complete and email this form to rce@sd38.bc.ca

Name: _____

Date of Birth: _____ PEN: _____

Course Name: _____ Teacher: _____

Withdrawal Date: _____

Reason for Withdrawal: _____

Materials Returned: Yes Not applicable

Signature of Agreement

By entering the information below, we acknowledge that you have withdrawn from participation in the (online) course noted above with the Richmond Continuing Education.

Student Signature: _____ Date: _____

For students under 19,
Parent Signature: _____ Date: _____

OFFICE USE ONLY

- ActiveNet
- MyEdBC
- Moodle
- E-attendance