

MODIFICATION / ANNULATION D'INSCRIPTION

Amendments to the registration form (if any), please provide complete and accurate data and sign the form.

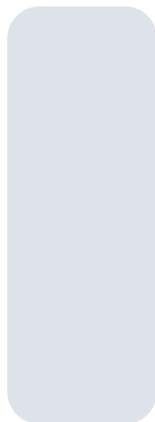
Please print
Do not write in shaded areas
Return the entire form

N.B.: In this document, masculine pronouns are used when no gender is indicated.

To expedite the processing of applicable refunds (if any), please provide complete and accurate data and sign the form.

- Please print
- Do not write in shaded areas
- Return the entire form

NOTE: In this document, masculine pronouns are used when no gender is indicated.



INTERRUPTION TEMPORAIRE DES ÉTUDES

TEMPORARY INTERRUPTION OF STUDIES

FOR WHICH TERM DO YOU EXPECT TO RESUME YOUR STUDIES?

COURS SUPPRIMÉ TOUS VOS COURS
CHECK THIS BOX **ONLY** IF YOU HAVE **DROPPED ALL COURSES** AND WISH TO INTERRUPT YOUR STUDIES IN THE PROGRAM INDICATED ABOVE.

FALL WINTER SPRING SUMMER YEAR

RETRAIT DU PROGRAMME
WITHDRAWAL FROM THE PROGRAM

COURS SUPPRIMÉ TOUS VOS COURS DE 24 MOIS
CHECK THIS BOX **ONLY** IF YOU HAVE **DROPPED ALL COURSES** AND WISH TO INTERRUPT YOUR STUDIES FOR A PERIOD OF **MORE THAN 24 MONTHS**. IN THIS CASE, A NEW APPLICATION FOR ADMISSION FORM WILL BE REQUIRED TO RESUME STUDIES AT SAINT PAUL UNIVERSITY.

INTERRUPTION OR WITHDRAWAL

VOLUNTARY ILLNESS FINANCIAL DIFFICULTIES
 CHANGE OF DIRECTION PERSONAL REASONS

INTERRUPTION / WITHDRAWAL EFFECTIVE ON

YEAR / / DAY

ANNÉE / /

AT REQUEST OF FACULTY

AT REQUEST OF THE UNIVERSITY

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE AND I AM ALSO AWARE THAT THE RIGHT TO REFUND IS GOVERNED BY THE SESSIONAL DATES PUBLISHED ON THE SAINT PAUL UNIVERSITY WEBSITE.

A

A.T. **CANDIDAT | APPLICAN**

YEAR / / DAY

X

FACULTÉ (T) (SAINT PAUL UNIVERSITY) FAC L (SAINT PAUL UNIVERSITY)

A.T. A.T.

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A.T.