



Drop Form

Certificate in Couple and Family Therapy Studies
www.couplefamilytherapystudies.ca

Name: _____

Student I.D. # _____ Date: _____

Tel: _____ Email: _____

Enrolled Program: _____

Please withdraw me from:

Course: _____ Semester: _____

Course: _____ Semester: _____

Reason for Drop / withdrawal:

Attached supportive documentation

Income Receipt Please return income receipt to address listed below:

Refund Policy for Program Courses:

- A full refund, if cancelled by the Office of Open Learning
- Received more than 10 working days prior to the course start.
Full refund less a \$ 50 administration fee
- Received less than 10 working days prior to the course start.
Full refund less a \$75 administration fee

Please send this completed Drop Form to:

Office of Open Learning, 160 Johnston Hall University of Guelph, Guelph, ON N1G 2W1
Phone: (519) 767-5000 Fax: (519) 767-1114 Email: info@open.uoguelph.ca

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