

Notification of Withdrawal

Please complete this form and email it to MSAassessments@gov.mb.ca within 30 days from the student’s date of withdrawal.

STUDENT INFORMATION

File #: _____

Student ID #: _____

Student Name: _____

School Name: _____

Program Name: _____

Study Period Dates

 to

Y Y Y Y / M M / D D Y Y Y Y / M M / D D

LAST DAY OF ATTENDANCE/WITHDRAWAL DATE: _____

Y Y Y Y / M M / D D

Reason for withdrawal (please select one)

☐ Student withdrew

☐ Student is below minimum required course load

Signature of school official

Name of school official

Date signed

Phone number

School stamp or seal