



## Continuing Education Drop Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Semester: \_\_\_\_\_

Please withdraw me from:

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

Reason:

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Signature (required): \_\_\_\_\_

Please submit this form via scan and email or by fax to Open Learning and Educational Support.

Email: [info@OpenEd.uoguelph.ca](mailto:info@OpenEd.uoguelph.ca)

Fax: 519-767-1114