



### 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature (Required):**

\_\_\_\_\_

Please submit the completed form to Open Learning and Educational Support (OpenEd):

E-Mail: [info@OpenEd.uoguelph.ca](mailto:info@OpenEd.uoguelph.ca)

Telephone Number: 519-767-5000