



INSIGHT ACADEMY OF CANADA

"Empowering students to succeed"



Course Withdrawal Request Form

Student's Name: _____ Gender: _____
Date of Birth: _____ Grade: _____
Address: _____
City: _____ Province: _____ Country: _____
Parent / Guardian Name: _____
Parent / Guardian Telephone: _____
Parent / Guardian Email: _____

I am requesting to drop the following Courses from IAC

| Year | Semester | Course | Section | Reason |
|------|----------|--------|---------|--------|
| | | | | |
| | | | | |
| | | | | |

I understand that by signing this form, I have agreed to the withdrawal/refund policies of the course as outlined in the IAC Calendar.

Student Signature: _____ Date: _____

Parent/Guardian Signature*: _____ Date: _____

* (if student is less than 18 years old)

Office Use Only

| | | |
|------|-------------|-------------|
| Date | Received by | Approved by |
|------|-------------|-------------|