

# REQUEST TO TRANSFER OR WITHDRAW



<b>PERSONAL DETAILS</b>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other	Family Name
First Name	Middle Name
Student Number	Email
Signature	Date

<b>FROM COURSE</b>	
Course Number	Course Title

<b>TO COURSE (IF TRANSFERRING)</b>	
Course Number	Course Title

<b>REASON FOR WITHDRAW OR TRANSFER</b>
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<b>FOR OFFICE USE</b>		
<b>APPROVED BY</b>		
Name	Signature	Date

Return To: Registration Services, School of Continuing Studies, University of Toronto  
158 St. George Street, Toronto, ON M5S 2V8