



REFUND REQUEST & AUTHORIZATION TO INFORM IRCC

STUDENT INFORMATION:			
First Name Sanjiv	Last Name kumar	Student ID 0421101	
Email Address SCO 1-2-3, Sector 8C, Sector-8			
REQUEST DETAILS			
<i>Please list each course that has been dropped, including section</i>			
Term: _____ e.g. Fall 2021)			
1. _____ 2. _____ 3. _____	4. _____ 5. _____ 6. _____		
REASON			
ACADEMIC	<input type="checkbox"/> The course is too difficult <input type="checkbox"/> I have too many courses	<input type="checkbox"/> My attendance is below 70% <input type="checkbox"/> I am not interested in the course	<input type="checkbox"/> Other (please explain):
PERSONAL	<input type="checkbox"/> I have changed my mind <input type="checkbox"/> Personal or family health	<input type="checkbox"/> I am moving or taking a study break <input type="checkbox"/> Financial issue	<input type="checkbox"/> Other (please explain):
PREFERRED REFUND METHOD (all refunds will only be made to the source fee was received from)			
<input type="checkbox"/> Cheque <input type="checkbox"/> Electronic Transfer (additional fees may apply)			
Office Use Only			
Education Advisor Approval			
<i>Education Advisor Signature</i>		<i>Date</i>	
Office of the Registrar Approval			
Please check any documents that have been issued to the student and are still within the letters study period start and dates.			
<i>Letter Type</i>	<i>Issue Date</i>	<i>Study Period Start Date</i>	<i>Study Period End Date</i>
<input type="checkbox"/> Letter of Acceptance			
<input type="checkbox"/> Confirmation of Enrolment			
<input type="checkbox"/> No official letters issued			
<i>Office of the Registrar Signature</i>		<i>Date</i>	
Accounting Department Approval			
<i>Refund Method</i> <input type="checkbox"/> Cheque <input type="checkbox"/> Other		<i>Refund Amount</i>	
<i>Accounting Signature</i>		<i>Date</i>	

The College is committed to using personal information we collect in accordance with the Personal Information Protection Act (PIPA). By providing personal information on this form, you consent to have the College use the information solely for the purposes of providing academic and student support services. The full College policy is available online at : www.granvillecollege.ca

Disclaimer and Authorization to Inform IRCC

I Sanjiv , student ID 0421101 , Passport Number 123456 , Study Permit # _____ (copy attached) understand that as an international student in order to maintain my status in Canada, I must notify Immigration, Refugees, and Citizenship Canada ("IRCC") regarding changes to Study Permit which initially was issued to study with (**South Granville College**) , a Designated Learning Institution ("DLI"), for which Study Permit was obtained.

I understand that withdrawal from the program enrolled will result in failure to comply with the conditions of study permit as stipulated in Section 221 of the Immigration and Refugee Protection Regulations ("IRPR"), and hence no longer in compliance as stipulated in Subsection 220.1(4) of IRPR.

In addition, the College will immediately report to IRCC that I am no longer enrolled in the program of study and subsequently IRCC has the right to cancel my study permit and work permit, even if they do not receive the physical documents from me. In other words, the permits I currently hold automatically become invalid within the period of time allowed by IRCC.

I also understand that I must leave Canada within the number of days allowed by IRCC, starting from my last day of classes, unless I continue to meet the requirements to maintain my status at the College or enroll at a different institution and change my Designated Learning Institution ("DLI").

Also, I have been advised that if I am not pursuing further studies in Canada I must return my study permit and work permit to Immigration, Refugees, and Citizenship Canada ("IRCC") . Additionally, I am aware that I must cease all work and/or studies. If I continue to work from this point on, it will be considered as working illegally in Canada, which could lead to my removal from Canada, deportation, and/or ban from entering Canada for up to five (5) years.

I understand that it is my responsibility to be aware of and to comply with the policy and procedures of the College.

Signed and Accepted by :

Witnessed By :

Name :

Name :

Signature :

Signature :

Date :

Date :

Student Passport Number : 123456