UNIVERSITÉ SAINT·PAUL UNIVERSI

SERVICE DU REGISTRAIRE | *OFFICE OF THE REGISTRAR*

MODIFICATION / ANNULATION D'INSCRIPTION

[illegible]

N.B. : [illegible]

To expedite the processing of applicable refunds (if any), please provide complete and accurate data and sign the form.

- *Please print*
- *Do not write in shaded areas*
- *Return the entire form*

NOTE: *In this document, masculine pronouns are used when no gender indicated.*

I ☐ **INTERRUPTION TEMPORAIRE DES ÉTUDES**

EMPORAR IN ERR P ION OF DIE

FOR WHICH TERM DO YOU EXPECT TO RESUME YOUR STUDIES?

COURS SEULEMENT SUPPRIMÉ TOUS VOS

*CHECK THIS BOX **ONL** IF YOU HAVE **DROPPED ALL O R CO R E** AND WISH TO INTERRUPT YOUR STUDIES IN THE PROGRAM INDICATED ABOVE.*

☐ *FALL* ☐ *WINTER* ☐ *SPRING* ☐ *SUMMER* *YEAR

R ☐ **RETRAIT DU PROGRAMME**

I HDRA AL FROM HE PROGRAM

COURS SEULEMENT SUPPRIMÉ TOUS VOS DE 24 MOIS PLUS

*CHECK THIS BOX **ONL** IF YOU HAVE **DROPPED ALL O R CO R E** AND WISH TO INTERRUPT YOUR STUDIES FOR A PERIOD OF **MORE HAN 24 MON H** . IN THIS CASE, A NEW APPLICATION FOR ADMISSION FORM WILL BE REQUIRED TO RESUME STUDIES AT SAINT PAUL UNIVERSITY.*

INTERRUPTION OR WITHDRAWAL

☐ *VOLUNTARY* ☐ *ILLNESS* ☐ *FINANCIAL DIFFICULTIES*

☐ *CHANGE OF DIRECTION* ☐ *PERSONAL REASONS*

INTERRUPTION / WITHDRAWAL EFFECTIVE ON

YEAR / / DAY *ANNÉ | /*

☐ *AT REQUEST OF FACULTY*

☐ *AT REQUEST OF THE UNIVERSITY*

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE AND I AM ALSO AWARE THAT THE RIGHT TO REFUND IS GOVERNED BY THE SESSIONAL DATES PUBLISHED ON THE SAINT PAUL UNIVERSITY WEBSITE.

YEAR / / DAY

CANDIDAT | *APPLICAN*

X

FACULTÉ ( ) . ***FAC L*** *(SAINT PAUL UNIVERSITY)*