

CANADIAN COLLEGE OF TRADITIONAL CHINESE MEDICINE

Program Withdrawal Form

Instructions: Complete this form to officially withdraw from your program. Submit the completed form in person to the administration office or by email to info@cctcm.ca. The effective date of withdrawal is the date this form is received by the College.

STUDENT INFORMATION

Student Name:	
Student ID Number:	
Program Enrolled:	☐ Diploma of Acupuncture ☐ Diploma of Traditional Chinese Medicine
Current Semester:	

WITHDRAWAL INFORMATION

Requested Effective Date of Withdrawal:	
Reason for Withdrawal (optional):	

STUDENT ACKNOWLEDGMENT

By signing below, I confirm that:

- I have read and understand the Refund Policy as outlined in my Student Enrollment Contract and the Ontario Career Colleges Act.
- I understand that any refund is calculated based on the last day of attendance or the date this form is submitted, whichever is earlier.
- Financial Aid Notice: I understand that the College is legally required to notify the Ministry and OSAP of this withdrawal. This may result in an OSAP overpayment, the conversion of grants to loans, and may impact my future eligibility for financial aid.
- I understand that all outstanding library books, clinic equipment, and College property must be returned within 48 hours.
- I understand that withdrawing from the program does not absolve me of any outstanding financial debts owed to the College for services already rendered.
- I am voluntarily withdrawing from the program and this is my official notice of withdrawal.

Student Signature:	
Date:	
Email Address:	
Phone:	

FOR OFFICE USE ONLY

REFUND CALCULATION (Audit-Critical)	
Last Day of Attendance (LDA)	Total Fees Paid to Date
Program Start Date	Total Fees Earned by College
Program Completion Percentage	Refund Due to Student

REGULATORY REPORTING	STATUS / DATE
OSAP Notified (via portal)	☐ Completed Date: _____
International Student (IRCC) Notified	☐ Yes ☐ N/A Date: _____
Transcript Vendor Updated	☐ Yes ☐ N/A Date: _____
Refund Issued Within 30 Days?	☐ Yes ☐ N/A

Administrative Notes:

Please retain a copy of this form for your records.