# APPLICATION WITHDRAWAL


**SASKATCHEWAN POLYTECHNIC**
**Moose Jaw Campus**
Saskatchewan St and 6th Ave NW
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Moose Jaw SK S6H 4R4
Fax 306-691-8578
RegInbox.Moosejaw@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC**
**Prince Albert Campus,**
**Technical Building**
PO Box 850
Prince Albert SK S6V 5S4
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**SASKATCHEWAN POLYTECHNIC**
**Regina Campus**
4500 Wascana Pky
Regina SK S4S 5X1
Fax 306-775-7760
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**SASKATCHEWAN POLYTECHNIC**
**Saskatoon Campus, Idylwyld Dr.**
1130 Idylwyld Dr N
Saskatoon SK S7K 3R5
Fax 306-659-4067
RegInbox.Saskatoon@saskpolytech.ca


**To withdraw your application to a program, complete and submit this form to Saskatchewan Polytechnic Enrolment Services, in person or by e-mail, fax, or mail.**

## PERSONAL INFORMATION

| Last Name | First Name | Middle Name |
|---|---|---|
| Student ID No. | | Date of Birth (Day, Month, Year) |

## APPLICATION WITHDRAWAL

| Program Title | | | | |
|---|---|---|---|---|
| Sask Polytech Campus(es) | ◯ Saskatoon Campus | ◯ Regina Campus | ◯ Moose Jaw Campus | ◯ Prince Albert Campus |

## REASON *(Please indicate why you are withdrawing your application)*

◯ taking another Sask Polytech program (TR)
◯ financial (FN)
◯ funding was denied (FD)
◯ employed (EM)
◯ moving (MV)
◯ personal (PR)
◯ no longer interested (NI)
◯ attending another institution (AO)

## DEPOSIT

Have you paid your seat deposit (if required)? ◯ Yes ◯ No

_____ _____

*Applicant Signature*
*(If you submit this form by e-mail, your signature is not required)*

*Date*

_____ _____

*Enrolment Services Signature*

*Date Received*