



University of Prince Edward Island
COURSE DISCONTINUATION FORM
 (please press firmly)

Date: _____

Name: _____ Student ID#: _____

Address: _____

E-mail: _____

Faculty: _____ Year: (i.e., 1st, 2nd, 3rd, or 4th) _____

1. I hereby wish to inform you that I am discontinuing the following course(s) at the University of Prince Edward Island:

Course(s) Number & Section	Professor
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reason for discontinuation: _____

2. I am fully aware of the regulations governing refunds as stated in the University Calendar and realize that any refund on fees will be based on these regulations. *(Please contact the Accounting Office regarding reimbursement.)*

 Student Signature

Number of Courses: _____ Number of Courses dropped: _____ Number of Courses Remaining: _____

FOR OFFICE USE ONLY

Copy 1—Registrar's Office: _____ Received on: _____ by _____

Copy 2—Accounting Office