



WITHDRAWAL FORM (ESL)

I hereby request to withdraw from the Memorial University's English as a Second Language Pathway Programs (Intensive English Program or Intensive Bridge Program, St. John's Campus).

Student Information			
Student Number:	Last Name:	First Name:	Middle Name:
Indicate your ESL Program and Level			
Intensive Bridge Program <input type="checkbox"/>			
Intensive English Program <input type="checkbox"/> Level _____			
Reason(s) for the Withdrawal			
Student Signature			
<i>I understand that I will have to submit an Application for Readmission and application fee in case I want to return to the ESL Programs in the future. I also confirm that I have read and understood the ESL Policies, and that I am familiar with the ESL Fees, Withdrawals, Refunds, and Deferrals Policies.</i>			
Signature:		Date:	
ESL Associate Director / Director			
Signature:		Date:	

Memorial University protects privacy and maintains the confidentiality of personal information. The information requested in this form is collected under the general authority of the Memorial University Act ([RSNL1990CHAPTERM-7](#)). This information is needed and used by the English as a Second Language Programs to administer the ESL Pathway Programs. If you have any questions about the collection and use of this information, please contact the ESL Secretary, English as a Second Language Programs, at esl@mun.ca