



Maple Leaf Academy

#200, 731 - 6th Avenue S.W.
Calgary, Alberta, Canada T2P 0T9

Tel. (403) 262-8851
Fax. (403) 262-8911

Withdrawal Form

Personal Information

| | | | |
|----------------------------|---------------|--------------|----------|
| Last Name | First Name | Middle Name | |
| Address | | City | Province |
| Country | Postal Code | Phone Number | |
| Date of birth (MM/DD/YYYY) | Email Address | | |

Program Information

| | |
|-------------------------|-----------------------|
| Start Date (MM/DD/YYYY) | End Date (MM/DD/YYYY) |
| Reason for withdrawal: | |

- * I understand that a \$150.00 withdrawal fee will be deducted from my tuition unless I have been denied a visitor's study permit.
- * I understand that by submitting this form, I will be withdrawn from my program at Maple Leaf Academy.
- * If I wish to reapply, I must complete and submit a new registration form and pay the applicable fees.

Signature

Date

Please email your completed form to: maple@mapleleafacademy.com or mail your form to:

Maple Leaf Academy
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Calgary, AB
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Canada