



ACIA COURSE WITHDRAWAL & REFUND FORM

Date of Withdrawal	Received by ICABC	Student #							
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SURNAME	NAME
PAID BY FIRM <input type="checkbox"/> FIRM NAME & ADDRESS: _____ _____ _____	PAID BY STUDENT <input type="checkbox"/> HOME ADDRESS: Is this a change to your home address currently on ICABC file? Yes _____ No _____ _____ _____

****PLEASE, FIRST READ WITHDRAWAL POLICY CAREFULLY****
WITHDRAW FROM — check appropriate courses and/or exams and terms for refund

ADVANCED CERTIFICATE IN ACCOUNTING PROGRAM	
TERM 3	
<input type="checkbox"/> ACA020 ACCOUNTING INFO SYSTEMS	<input type="checkbox"/> ACA050 REVIEW & COMPILATION
<input type="checkbox"/> ACA060 AUDIT ENGAGEMENTS	
TERM 4	
<input type="checkbox"/> ACA010 FINANCIAL REPORTING	<input type="checkbox"/> ACA030 PERSONAL INCOME TAXATION
<input type="checkbox"/> ACA040 CORPORATE & OTHER TAXES	
The student has informed me of his/her intention to withdraw and I am in agreement.	I understand that I may/will be required to retake the course / examination at a future date.
_____ <i>Employer signature</i>	_____ <i>Student signature</i>

REASON(S) FOR WITHDRAWAL: (please check applicable reason)

1. <input type="checkbox"/> INABILITY TO COPE WITH COURSE REQUIREMENTS	6. <input type="checkbox"/> MEDICAL PROBLEM
2. <input type="checkbox"/> WITHDRAW FROM PROGRAM	7. <input type="checkbox"/> MATERNITY/PATERNITY LEAVE
3. <input type="checkbox"/> DEATH IN IMMEDIATE FAMILY	8. <input type="checkbox"/> CONFLICT WITH EMPLOYMENT COMMITMENTS
4. <input type="checkbox"/> CONFLICT IN COURSE SCHEDULE	9. <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____
5. <input type="checkbox"/> LOSS OF EMPLOYMENT	_____

