



Dorset College
- Est. 1981 -

STUDENT SEMESTER BREAK REQUEST FORM

300-1215 West Broadway
Vancouver B.C. V6H 1G7

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DLI# OI9394940932

General Information					
Last Name(Family Name)		First Name (Given Name)		Preferred First Name (Given Name)	
Date of Birth Day Month Year		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Student Number	
Address			City	Province	Postal Code Country
Phone Number		E-mail			
First semester at Dorset		Program enrolled at Dorset		Purpose of semester break	

PLEASE READ AND SIGN BELOW
<p>I would like to ask for school approval for taking a semester break from _____ to _____.</p> <p>I understand that I must return/ report to school no later than _____. I understand that my remaining tuition fee amounting to \$ _____ will not be automatically transferred to the next semester. If I prove that I am a serious student when I return, Dorset College may consider transferring my tuition fee to the next semester. The decision made by Dorset college is final/</p> <p>Signature _____ Date _____</p>

OFFICE USE ONLY
<p>Tuition paid Tuition paid on Semester break</p> <p>_____</p> <p>Return on Semester break approved by & date</p> <p>_____</p> <p>Tuition fee transfer to next semester <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____</p> <p>Fund Transfer approved by _____ Date _____</p>

Revised: Sep 2016