



STUDENT SEMESTER BREAK REQUEST FORM

STUDENT INFORMATION

Legal Last Name	Legal First Name	Preferred First Name
Birth Date (DD/MM/YYYY)	Student ID Number	E-mail
Program enrolled in at Dorset College	First Semester at Dorset College (DD/MM/YYYY)	Reason for the semester break

PLEASE READ AND SIGN BELOW

I would like to ask for school approval for taking a semester break from (DD/MM/YYYY) _____ to (DD/MM/YYYY)_____.

I understand that I must return / report to school no later than (DD/MM/YYYY)_____.

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. I understand that the decision made by Dorset College is final.

Student's Signature

Date (DD/MM/YYYY)

OFFICE USE ONLY

Tuition paid (amount and date): \$ _____ (DD/MM/YYYY)	Semester Break Date (DD/MM/YYYY):	Return Date (DD/MM/YYYY):
Request approved by:	Date (DD/MM/YYYY):	
Tuition fee transfer to next semester: Yes No	Amount: \$ _____	
Fund transfer approved by:	Date (DD/MM/YYYY):	