



TRINITY  
THEOLOGICAL COLLEGE

"Preparing People for Effective Christian Service"

## Trinity Course Withdrawal Form

Name \_\_\_\_\_ ACT Number \_\_\_\_\_

Date \_\_\_\_\_.

Please withdraw me from the following course

B Th

Grad Dip

M Div

Reason for withdrawal

Please send me course information next semester

I will contact you when course information is required

Please include me on your mailing list

Mailing Address

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Student's signature \_\_\_\_\_

**Please return to the Registrar**

Office Use Only

Date received \_\_\_\_\_

ACT notified \_\_\_\_\_ ACT approved: \_\_\_\_\_

Details entered in TAMS  TSM  MYOB

Library notified

Registrar's signature: \_\_\_\_\_