Manitoba
Advanced Education and Training

Notification of Withdrawal

Please complete this form and email it to MSAassessments@gov.mb.ca within 30 days from the student's date of withdrawal.

STUDENT INFORMATION

File #: _____

Student ID #: _____

Student Name: _____

School Name: _____

Program Name: _____

Study Period Dates _____ to _____
YYYY / MM / DD YYYY / MM / DD

LAST DAY OF ATTENDANCE/WITHDRAWAL DATE: _____
YYYY / MM / DD

Reason for withdrawal (please select one)

☐ Student withdrew
☐ Attendance below 90% (for Private Vocational Institutions only)

_____ _____
Signature of school official Name of school official

_____ _____
Date signed Phone number

School stamp or seal

Manitoba Student Aid
401-1181 Portage Avenue, Winnipeg, MB R3G 0T3
manitobastudentaid.ca
204-945-6321 / 1-800-204-1685