

ADMISSIONS CANCELLATION FORM

**NOTE: USE THIS FORM IF YOU DO NOT INTEND
TO ACCEPT YOUR ACCEPTANCE TO JOHN ABBOTT**



STUDENT NUMBER: _____

LAST NAME: _____

FIRST NAME: _____

I do not plan on attending John Abbott College. Please cancel my acceptance for the following reasons:

planning to work
 moving

planning to attend another CEGEP
 other

SIGNATURE: _____

YOU MAY FAX THIS FORM TO 514-457-6812 OR MAIL IT TO:

JOHN ABBOTT COLLEGE
ADMISSIONS DEPARTMENT
21 275 LAKESHORE ROAD
SAINTE-ANNE-DE-BELLEVUE, QC H9X 3L9

Please refer to page 19 of the booklet for refund information.