

**Registered Massage Therapy Program
Student Study Interruption Form**

RMT Student Name: _____

Langara ID: _____

Semester in which student is withdrawing: 1 2 3 4 5 6

Anticipated return: _____

Reasons for Leaving:

- Medical
- Unsuccessful in RMT Program courses
- Student prefers a part-time program
- Other reasons: please explain

Program Coordinator: _____

Date: _____