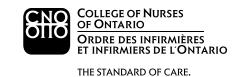
## **Withdrawal Form**



www.cno.org

Telephone: 416 928-0900

Toll-free (Canada): 1 800 387-5526

If you wish to withdraw your application, sign, date, and return this form to the College.			
☐ I am no longer interested in pursu	uing registration with the C	college and	wish to withdraw my application.
Name (Print):		Application Number:	
Signature:		Date:	
Please mail, Email, or fax this form to:			
Mailing Address: College of Nurses of Ontario 101 Davenport Rd. Toronto, ON M5R 3P1 Attention: Entry to Practice	Email: cno@cnoma	il.org	Fax: 416-928-6507

 $Please \ review \ the \ \textit{Privacy Policy} \ on \ CNO's \ website \ (\underline{www.cno.org/privacy}) \ to \ understand \ how \ your \ personal \ information \ will \ be \ used.$