



Request for Withdrawal for Medical or Compassionate Reasons

Definitions:

Compassionate Withdrawal: will be considered when a sudden emergency or severe change in personal circumstances, result in an inability to continue/complete courses. The student completes PART I, provides a written statement of their situation and any documentation to support this request if applicable (eg. Death certificate, accident report etc).

Medical Withdrawal: Complete PART 1. Medical withdrawal will be considered based on professional assessment and documentation described on page 2, PART 2.

Process: Approval of medical or compassionate withdrawal is determined based on documentation provided. If request for refund has also been made, further assessment is done to determine eligibility.

Any tuition refund will be applied to your outstanding account balance before issuing a refund.

Prorated refunds are calculated and issued by Financial Services and do not include registration deposits or Student Association or related fees.

PART 1 - Student

Student Profile				
Legal Last Name	Legal First Name	Student Number		
Address		Phone		
Current Email Address		Term		
Program		Date		
Student Signature				
Request				
<i>Please check the appropriate box beside the course(s) from which you are requesting a (R)efund and/or (W)ithdrawal. Course Name/Number i.e.: ENGL 150</i>				
Course Name/Number _____	CRN _____	Section # _____	R <input type="checkbox"/>	W <input type="checkbox"/>
Course Name/Number _____	CRN _____	Section # _____	R <input type="checkbox"/>	W <input type="checkbox"/>
Course Name/Number _____	CRN _____	Section # _____	R <input type="checkbox"/>	W <input type="checkbox"/>
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Course Name/Number _____	CRN _____	Section # _____	R <input type="checkbox"/>	W <input type="checkbox"/>
Dropping or changing courses may affect completion of programs or transfer to a university. Students may want to consult an Education Advisor before withdrawing. Students receiving financial aid such as student loans or other forms of financial assistance are advised to speak to a Financial Aid Advisor before withdrawing from courses.				

Attending Professional to complete: (eg. physician/psychiatrist, nurse practitioner/case manager, lawyer, physiotherapist, counsellor/social worker)

Medical Withdrawal:

- This student has been under my care for medical reasons which have or will severely inhibit their ability to successfully complete the course(s) noted in PART1.

This student has been unable to attend classes for medical reasons since: _____
date

Print Name/Profession:

Phone

OR affix company stamp or business card



Signature

Date Signed

PART 3 – Late Withdrawal

Authorization for Withdrawal After the Course Withdrawal Deadline

Late withdrawal **granted**

Late withdrawal **denied**

Comments

Registrar or designate signature

Date

PART 4 – Refund

Authorization for Refund After the Course Withdrawal Deadline

Prorated Tuition refund **granted**

Prorated Tuition refund **denied**

Comments

Registrar or designate signature

Date