



**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 sw 10019014880-61329) 4211608197) 43124212131309) 4210061289320362) 4210011189700

Student Profile			
Legal Last Name	Legal First Name	Student Number	
Request			
<i>are requesting a (R)efund and/or (W)ithdrawal.</i>			
Course Name/Number i.e.: ENGL 150			
Course Name/Number	CRN	Section #	R ■ W ■
Course Name/Number	CRN	Section #	R ■ W ■
Course Name/Number	CRN	Section #	R ■ W ■
Course Name/Number			
Course Name/Number	CRN	Section #	R ■ W ■

**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**