Selkirk College

REQUEST FOR WITHDRAWAL FOR MEDICAL OR COMPASSIONATE REASONS

Students may apply for consideration of a Medicial or Compassionate exemption using this form and forwarding it to Enrolment Services at: esc@selkirk.ca. Please see Policy 8616 for more information. Results of this request will be communicated to the student by email. ***Form MUST be filled out using Adobe Acrobat. Do not use Apple Preview.***

STUDENT INFORMATION

Date:

Legal First Name:	Legal Last Name:
Mailing Address:	
Email Address:	Phone:

SELKIRK COLLEGE STUDENT ID ☐☐☐☐☐☐☐

THIS INFORMATION IS CORRECT. _____ STUDENT SIGNATURE

STUDENT LOAN: ☐ YES ☐ NO SPONSORED STUDENT: ☐ YES ☐ NO

PLEASE ENTER YOUR PROGRAM AND COURSE INFORMATION BELOW

Program	Semester
Course Number	**Section Number**

This withdrawal is for:

☐ courses above only

☐ course and program withdrawal

Dropping or changing courses may affect completion of programs or transfer to a university. Students may want to consult a college counsellor before withdrawing. Students receiving financial aid such as student loans or other forms of financial assistance are advised to speak to a Financial Aid Officer before withdrawing from courses. Students who are sponsored should also connect with their sponsor directly.

All refunds associated with a medical/compassionate exemption are subject to policy.
Please review Policy 8616 for more information.

OFFICE USE ONLY. REGISTRAR'S OFFICE: AUTHORIZATION FOR REDUND

☐ Late withdrawal granted ☐ Late withdrawal denied

_____ REGISTRAR'S OFFICE SIGNATURE

_____ DATE

COMMENTS:

Selkirk College

REQUEST FOR WITHDRAWAL FOR MEDICAL OR COMPASSIONATE REASONS

Students may apply for consideration of a Medicial or Compassionate exemption using this form and forwarding it to Enrolment Services at: esc@selkirk.ca. Please see Policy 8616 for more information. Results of this request will be communicated to the student by email. ***Form MUST be filled out using Adobe Acrobat. Do not use Apple Preview****.*

ATTENDING PROFESSIONAL

This student has been under my care from _____ to _____. In my opinion this student has medical and/or compassionate reasons which have, or will severely inhibit his/her ability to successfully complete the course(s) noted above. I recommend the student withdraw from the above noted course(s).

PROFESSIONAL CAPACITY (PLEASE STATE):

Affix company stamp or business card

Some examples of professional capacity held by persons deemed appropriate to sign this form are as follows:
Physician, Lawyer, Physiotherapist, Counselor, Psychologist, and Psychiatrist

PROFESSIONAL NAME	PROFESSIONAL SIGNATURE	DATE	PHONE

REASON FOR COMPASSIONATE WITHDRAWAL

DEAN/SCHOOL CHAIR: RECOMMENDATION FOR WITHDRAWAL (IF REQUIRED)

☐ Late withdrawal recommended ☐ Late withdrawal not recommended

DEAN/SCHOOL CHAIR NAME	DEAN/SCHOOL CHAIR SIGNATURE	DATE

COMMENTS: