

Request for Withdrawal for Medical or Compassionate Reasons

Students who have medical or compassionate circumstances may **apply** for consideration of a late withdrawal and/or a tuition refund by fully completing this form and forwarding it to Enrolment Services at: esc@selkirk.ca.

Results of this request will be communicated to the student by phone or email.

PART 1 – STUDENT INFORMATION

STUDENT PROFILE				
Legal Last Name:	Legal First Name:	Student Number:		
Address:		Phone:		
Program:		Term:		
Student Loan: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date:		
Student Signature:				
REQUEST				
<i>Please check the appropriate box beside the course(s) or program from which you are requesting a (R)efund or (W)ithdrawal.</i>				
Program _____	Semester _____	R <input type="checkbox"/>	W <input type="checkbox"/>	
Course # _____	Section # _____	R <input type="checkbox"/>	W <input type="checkbox"/>	
Course # _____	Section # _____	R <input type="checkbox"/>	W <input type="checkbox"/>	
Course # _____	Section # _____	R <input type="checkbox"/>	W <input type="checkbox"/>	
Course # _____	Section # _____	R <input type="checkbox"/>	W <input type="checkbox"/>	
Course # _____	Section # _____	R <input type="checkbox"/>	W <input type="checkbox"/>	
Course # _____	Section # _____	R <input type="checkbox"/>	W <input type="checkbox"/>	
<p><i>In the situation that your waiver is approved, please select one of the following options:</i></p> <p><input type="checkbox"/> maximum 75% refund = 75% of funds received for tuition & fees (minus seat deposit) returned to student</p> <p><input type="checkbox"/> maximum 100% credit = a credit up to 100% funds received for tuition & fees (minus seat deposit) will be placed on your account for use against future tuition & fees only</p>				
<p>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.</p>				

OFFICE USE ONLY	
REGISTRAR'S OFFICE: AUTHORIZATION FOR REFUND	
<input type="checkbox"/> Late withdrawal granted <input type="checkbox"/> Late withdrawal denied	COMMENTS:
Registrar's Office Signature:	Date:

PART 2 – REASONS FOR WITHDRAWAL

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):

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

PRINT NAME:	PHONE:
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SIGNATURE:	DATE:
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PLEASE AFFIX COMPANY STAMP AND/OR ATTACH BUSINESS CARD

REASON FOR COMPASSIONATE WITHDRAWAL (ATTACH ADDITIONAL PAGE IF NEEDED):

PART 3– LATE WITHDRAWAL (IF REQUIRED)

DEAN/SCHOOL CHAIR: RECOMMENDATION FOR WITHDRAWAL

<input type="checkbox"/> Late withdrawal Recommended <input type="checkbox"/> Late withdrawal Not Recommended	COMMENTS: SIGNATURE:
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