**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 <u>not</u> include registration deposits or Student Association or related fees.

PART 1 sw 1ooi

| Student Profile | | |
|---|---|---|
| Legal Last Name | Legal First Name | Student Number |
| | | |
| | | |
| | | |
| | | |

| Request |
|---|

*are requesting a ( )efund and/or ( )ithdrawal.*

*Course Name/Number i.e.: ENGL 150*

Course Name/Number )efund _____ CRN _____fund_____

se 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:** <br><br> 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. <br><br> This student has been unable to attend classes for medical reasons since:_____ <br> *date* | |
| **Print Name/Profession:** | **Phone** |
| **OR affix company stamp or business card** | |
| **Signature** | **Date Signed** |

## PART 3 – Late Withdrawal

| Authorization for Withdrawal     the Course Withdrawal Deadline | | |
|---|---|---|
| ☐ Late withdrawal **granted** <br> ☐ Late withdrawal **denied** | **Comments** | |
| **Registrar or designate signature** | | **Date** |

## PART 4 – Refund

| Authorization for Refund     the Course Withdrawal Deadline | | |
|---|---|---|
| ☐ Prorated Tuition refund **granted** <br> ☐ Prorated Tuition refund **denied** | **Comments** | |
| **Registrar or designate signature** | | **Date** |