

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