

<u>Process:</u> 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 100is Production Control Production Contr

Student Profile				
Legal Last Name	Legal First Name	Studen	Student Number	
Request				
Course Name/Number i.e.: ENGL 150		are requesting a (R)ef	und and/or (l	V)ithdrawal
Course Name/Number <u>)efund</u>	CRN6Ln6L	und		
se Name/Number	CRN	Section #	R =	w \blacksquare
Course Name/Number	CRN	Section #	R =	w =
Course Name/Number	CRN	Section #	R =	w =
	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 n their ability to successfully complete the c		•		
This student has been unable to attend classes for	medical reasons since	e: 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		