



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 not include registration deposits or Student Association or related fees.

PART 1 sw 1oo:901530-6139) 42-1116819) 102-30424101-3090 2-0006128-920369) 2-1118700

| Student Profile | | | | | |
|--------------------|------------------|----------------|-------|-----------------|---|
| Legal Last Name | Legal First Name | Student Number | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Request | | | | | |
| | | | | <i>R</i> | <i>W</i> |
| Course Name/Number | Refund _____ | CRN | _____ | _____ | _____ |
| Course Name/Number | _____ | CRN | _____ | Section # _____ | R <input type="checkbox"/> W <input type="checkbox"/> |
| Course Name/Number | _____ | CRN | _____ | Section # _____ | R <input type="checkbox"/> W <input type="checkbox"/> |
| Course Name/Number | _____ | CRN | _____ | Section # _____ | R <input type="checkbox"/> W <input type="checkbox"/> |
| Course Name/Number | _____ | CRN | _____ | Section # _____ | R <input type="checkbox"/> W <input type="checkbox"/> |

| | |
|--|--------------------|
| Attending Professional to complete: (eg. | |
| Medical Withdrawal: <p style="text-align: center;">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.</p> <p>This student has been unable to attend classes for medical reasons since: _____</p> | |
| Print Name/Profession: | Phone |
| OR affix company stamp or business card <div style="border: 2px solid orange; width: 300px; height: 100px; margin: 0 auto;"></div> | |
| Signature | Date Signed |

PART 3 – Late Withdrawal

| | | |
|---|-----------------|--|
| Authorization for Withdrawal <i>After</i> the Course Withdrawal Deadline | | |
| <input type="checkbox"/> Late withdrawal granted <input type="checkbox"/> Late withdrawal denied | Comments | |
| Registrar or designate signature | Date | |

PART 4 – Refund

| | | |
|---|-----------------|--|
| Authorization for Refund <i>After</i> the Course Withdrawal Deadline | | |
| <input type="checkbox"/> Prorated Tuition refund granted <input type="checkbox"/> Prorated Tuition refund denied | Comments | |
| Registrar or designate signature | Date | |