



**College of the Rockies**

**Request for Withdrawal for Medical or Compassionate Reasons**

Students who have medical or compassionate circumstances may apply for consideration of a late withdrawal (a grade change), or a tuition refund. Late withdrawal and refund requests will normally only be approved prior to the beginning of the next term.

To request a tuition refund **after the official refund deadline and before or after the official withdraw deadline:** Complete Parts 1 and 2 and submit a letter of explanation to the **Registrar's Office** for consideration. **Note:** *Registration Deposits and Student Society and related fees are non-refundable.*

To request a withdrawal **after the official withdraw deadline:** Complete Parts 1 and 2 and submit a letter of explanation to the **Registrar**.

*Completion of this form does not guarantee that a late withdrawal or tuition fee refund will be granted.*

**PART 1 – Student**

Student Profile:			
Legal Last Name	Legal First Name	Student Number	
Address		Phone	
Program Title		Letter of explanation attached <input type="checkbox"/>	
Student Signature		Date	
Late Withdrawal Request:			
<i>Please check the appropriate box beside the course(s) from which you are requesting a Late Withdrawal &amp; Refund or Late Withdrawal.</i>			
Term	Course Name and Number	Withdrawal & Refund Requested (after the refund deadline and before or after official withdraw deadline)	Late Withdrawal Requested (After official withdraw deadline)
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Dropping or changing courses may affect completion of programs or transfer to a university. Students may want to consult an <b>Education Advisor</b> before withdrawing. Students receiving financial aid such as student loans or other forms of financial assistance are advised to speak to the <b>Financial Aid Officer</b> before withdrawing from courses.			



**PART 2 – Attending Professional**

**Professional Assessment:**

*This student has been under my care **for this specific issue** from \_\_\_\_\_ to \_\_\_\_\_.  
In my opinion this student will have difficulty completing the above course(s) because of medical and/or compassionate reasons. 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: Physician, Lawyer, Physiotherapist, Counselor, Psychologist and Psychiatrist.*

Print Name	Phone
Signature	Date

**Please affix company stamp and/or attach business card**

**PART 3 – College of the Rockies Office Use Only**

**Education Advisor:**

Comments:

Education Advisor Signature	Date
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**Financial Assistance and Awards Advisor:**

Comments:

Financial Assistance and Awards Advisor Signature	Date
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**Registrar's Authorization:**

Late withdrawal and refund:    Granted  Denied

Late withdrawal:                    Granted  Denied

Comments:

Registrar Signature	Date
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