



2.6.1 Course Change & Withdrawal Appendix A 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. To request a withdrawal **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.

Dropping or changing courses may affect completion of programs or transfer to a university. Students are advised to consult with an Education Advisor before withdrawing. Students receiving financial aid such as student loans or other forms of financial assistance are advised to speak to the Financial Aid Officer before withdrawing from courses.

PART 1 STUDENT

STUDENT PROFILE			
Legal Last Name		Legal First Name	
Student Number		Program Title	
Email	Phone	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 & 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"/>

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

DECLARATION

Freedom of Information/Protection of Privacy

The College of the Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on this form is used in the normal course of College operations in accordance with this legislation.

Please read the following before signing:

I declare that the information contained in this form is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.



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

FINANCIAL AID ADVISOR:

required if on student loan or receiving other forms of financial aid

Comments:

Financial Aid Officer Signature

Date

REGISTRAR'S AUTHORIZATION:

Late withdrawal and refund: Granted Denied **Late withdrawal:** Granted Denied

Comments:

Registrar Signature

Date