



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.

Complete this form:

To request a tuition refund **before** the official **Withdrawal 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 **Withdrawal Deadline**: Complete Parts 1 and 2. Attach a letter explaining the reason for your request, and submit to your **Dean or Designate**, or in the case of international students, to the Director of Camosun College International.

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 C
Address		Phone
Program Title		Term
Student Signature		Date

Request

Please check the appropriate box beside the course(s) from which you are requesting a (R)efund or (W)ithdrawal.

Course # _____	Section # _____	<input type="checkbox"/> R	<input type="checkbox"/> W
Course # _____	Section # _____	<input type="checkbox"/> R	<input type="checkbox"/> W
Course # _____	Section # _____	<input type="checkbox"/> R	<input type="checkbox"/> W
Course # _____	Section # _____	<input type="checkbox"/> R	<input type="checkbox"/> W
Course # _____	Section # _____	<input type="checkbox"/> R	<input type="checkbox"/> W

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

PART 2 – Professional Assessment

Attending Professional

This student has been under my care from _____ to _____.

In my opinion this student has medical and/or compassionate reasons which have, or will severely inhibit his/her ability to successfully complete the course(s) noted above. 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 as follows:
Physician, Lawyer, Physiotherapist, Counselor, Psychologist, and Psychiatrist.

Print Name

Phone

Signature

Date

Please affix company stamp and/or attach business card



PART 3 – Late Withdrawal

Dean/Director: Authorization for Withdrawal *After* the Course Withdrawal Deadline

Late withdrawal **granted**

Late withdrawal **denied**

Comments

Dean/Director Signature

Date

PART 4 - Refund

Registrar's Office: Authorization for Refund

Tuition refund **granted**

Tuition refund **denied**

Comments

RO Signature

Date