

Students who are unable to complete or succeed in their studies by virtue of serious and demonstrated exceptional circumstances, such as sudden/serious illness or accident, health or mental health issues, or death in the immediate family, may request a medical or compassionate withdrawal. Requests for medical or compassionate withdrawals are approved at the discretion of the Registrar and in accordance with [Policy](#). **Please read the Policy prior to submitting this form.**

- All portions of this form must be **fully completed** prior to submission or the request will not be considered.
- Submission of a request does not guarantee that the request will be granted.
- Medical or compassionate withdrawals need only be submitted **after the fee deadline** has passed, and will normally only be considered **prior to the last day of instructional activity** of the term, semester, or quarter (before final exams).
- Medical/compassionate late withdrawals granted for requests received **after the fee deadline and prior to the last day to drop classes** without an academic penalty (typically 66% of the course length) will have 100% of their tuition fees refunded less ancillary fees and registration deposit. International students will receive a 100% refund less ancillary fees and the tuition deposit.
- Refunds will **not** be provided beyond the last day to withdraw without an academic penalty.
- In the case of appeals for special consideration received after the last day of instructional activity, **additional documentation is required**. The letter / additional documentation from the health care provider must clearly indicate that the student was **incapacitated** to the extent that they were incapable of taking the necessary steps to submit their request for medical withdrawal prior to the last day of instructional activity. Appeals granted in such cases will result in the student being withdrawn from **all** courses in the semester; selective withdrawal will not be considered.

PART 1 – Student Information

Student Profile		
Legal Last Name	Student Number C	
Legal First Name	Phone	
Street Address	City	
Province	Postal Code	<input type="checkbox"/> Please update college official records to reflect this address
Student Signature	Date	

Request

If submitting prior to the last day of instructional activity, please identify the courses for which you are requesting a medical/compassionate withdrawal. (Appeals received after the last day of instructional activity pertain to all courses in the semester – no selective withdrawal)

Course Name _____	Course # _____	Term _____ <small>Eg. Fall2017 or Winter2018</small>	Last date attended _____
Course Name _____	Course # _____	Term _____	Last date attended _____
Course Name _____	Course # _____	Term _____	Last date attended _____
Course Name _____	Course # _____	Term _____	Last date attended _____
Course Name _____	Course # _____	Term _____	Last date attended _____

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

Health Care Provider

I verify that I am providing or have provided care to the above named student and 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. I recommend the student withdraw from the noted course(s).

Signature	Date
Print Name	Phone

Professional Capacity (please state)

Some examples of professional capacity held by persons deemed appropriate to sign this form are: Physician, Counsellor, Aboriginal Elder, Psychologist, and Psychiatrist.

This individual has been my patient / client / under my care since	I recommend that he/she should not return to classes until
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Affix company stamp and/or attach business card

Forms without official seal, stamp or business card cannot be accepted

PART 3 – Registrar Assessment

Authorization for a Medical/Compassionate Withdrawal

<input type="checkbox"/> Late withdrawal granted <input type="checkbox"/> Refund is granted <input type="checkbox"/> Late withdrawal denied	Comments
Registrar Signature	Date

Completed forms and any supporting documentation should be directed to the attention of: Scott Harris, Registrar, Camosun College. Submissions can be dropped off in person to the Admissions or Registration Desk at either campus, can be mailed to 4461 Interurban Road, Victoria, BC V9E 2C1, or can be faxed to: 250 370-3750.

Requests submitted prior to the last day of instructional activity will be considered within three weeks of receipt by the Registrar's Office. A decision on forms submitted within the normal timelines will usually be mailed to the student within one to two weeks of the decision being made (within five weeks from our receipt of the form). Appeals for special consideration (requests received after the last day of instructional activity for the quarter/term/semester) may take longer to review/ adjudicate.