

Medical / Compassionate Withdrawal Request



Office of the Registrar
4461 Interurban Road
Victoria, BC V9E 2C1

1. STUDENT DETAILS

Student ID #: C	Last Name:	First Name:	Telephone:
<input type="checkbox"/> Yes, I have verified my name, email, mailing address, and phone number are up to date on myCamosun. I understand all correspondence relating to my request will be sent to my email or mailing address on file with Camosun College.			<input type="checkbox"/> Domestic <input type="checkbox"/> International

2. PROCESS INFORMATION

- The College recognizes that serious, unexpected health matters and other uncontrollable circumstances may arise for students that prevent them from successfully completing their studies.
- To request medical/compassionate withdrawal, ensure this form is fully completed and submitted with any required supporting documents. Decisions cannot be rendered on incomplete submissions. Submissions become the property of the College.
- Grounds for granting requests are determined by the Registrar, and are considered on a case-by-case basis.
 - Valid** grounds / circumstances can include:
 - serious medical emergencies, injury or illness (including mental health), which so impairs a student's ability to participate in class(es) that course requirements cannot be satisfied,
 - death in the family,
 - unexpected, serious illness of a dependent,
 - loss of residence (e.g. destructive house fire),
 - military transfer.
 - Invalid** grounds can include, but are not limited to, the following:
 - not being aware of (or forgetting about) a deadline,
 - not knowing how to withdraw,
 - computer or connectivity issues,
 - anticipated poor grade (or failure) in a course,
 - family events, travel plans, choosing to change jobs,
 - not securing student loan funding sufficiently in advance,
 - not liking an instructor or course content,
 - short-term illness (e.g. flu).
- You are responsible for being aware of all relevant rules, regulations, and deadlines. You are encouraged to read all Academic Policies (camosun.ca/policies), and to consult with appropriate departments (e.g. Eyē? Sqā'lewen, Academic Advising, Registration) to understand the impact of withdrawal on your academic path. If receiving government financial assistance (loans, grants, etc.) please consult with Financial Aid prior to submitting a request, as proceeding may affect student assistance status. International students should consult with their International Advisor regarding study and work permits. Pending the outcome of a request for medical/compassionate withdrawal, your Academic Standing may change.
- Tuition refunds will **not** be considered for requests received after 66% of the course instruction has occurred, regardless of the date of injury or illness onset. Selective/partial withdrawal will only be considered during the instruction period (prior to the final exam period). Special consideration requests for retroactive withdrawal (those received after the instructional period) are permitted for an entire semester only, including any courses with passing grades.
- Processing time is approximately 20 - 30 business days. Decisions are sent by email. If applicable, tuition refunds (less non-refundable deposit) are sent by direct deposit (if student banking information is on file) or by cheque.

3. NATURE OF REQUEST

Medical Withdrawal due to significant illness (including mental health) or injury. Health care provider support **must** be provided (section 6).

Compassionate Withdrawal; such as a death in the immediate family, or military relocation. Supporting documentation is **required**. Provide documentary evidence (e.g. copy of obituary, employer transfer document, court order) or health care provider support (section 6), as well as a brief explanation in your own words that will help us understand the nature of the request.

4. TYPE OF WITHDRAWAL

Complete withdrawal from all active course enrolments in the *current* semester (request must be submitted prior to final exam period).

Partial withdrawal from selected courses in the *current* semester (request must be submitted prior to final exam period). Complete section 5. Note: Doing well in one course but failing at another is not a valid reason for selective medical withdrawal.

Special consideration / retroactive withdrawal from **all** courses in a past semester (e.g. 2022 Fall):

Requests for special consideration will typically only be considered for semesters within the last 3 years. Complete section 6, and **attach** supporting documentation from an appropriate health care provider which clearly confirms you were **incapacitated** to the extent you could not have requested withdrawal by the withdrawal deadline (the last day of instruction prior to final exams). Note: We do not request diagnosis details; speak only to the *impact* of the illness or injury. There are no refunds for retroactive withdrawals.

5. CURRENT ACTIVE COURSES TO BE WITHDRAWN FROM

Course Code (e.g. ACCT 110 - 001)	Course Title (e.g. Financial Accounting 1)	Last Date Attended

6. HEALTH CARE PROVIDER SUPPORT / RECOMMENDATION

Examples of professionals deemed appropriate to sign this form for medical withdrawal requests include: physician, registered psychologist, psychiatrist, registered clinical counsellor, registered nurse, indigenous elder (as designated by Eyē? Sqâ'lewen).

I verify that I am providing or have provided care to this student, and in my opinion their ability to successfully complete their studies is or has been **severely** impacted by virtue of a serious and **significant** illness (typically greater than 2 weeks duration), injury, or other uncontrollable circumstance, as outlined in section 1. I recommend this student be withdrawn from all or some courses, as noted in sections 3, 4 and 5.

Professional capacity (e.g. Physician):	Under my care since:	Official business stamp, card or website address:
Print Name:	Date student can return to studies:	
Signature:	Date:	Phone:

7. CONFIRMATION & RELEASE OF INFORMATION

By signing this document, I acknowledge that I have read and understand the information provided on this form, and I certify all my statements and supporting documents are true and complete. I also acknowledge that by submitting this request I consent to the College verifying its contents with the Health Care Practitioner or other source of supporting documentation.

Student's Signature:	Date:
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Submit complete form and supporting documentation to the attention of the Registrar:

Email: MedicalCompassionateWithdrawal@camosun.ca

Fax: 250.370.3750

Mail: Office of the Registrar, 4461 Interurban Road, Victoria, BC V9E 2C1

If you are in need of support, we encourage you to connect with resources available at Camosun, such as the Office of Student Support (camosun.ca/oss), Camosun Counselling Center (camosun.ca/counselling), Academic Advising, Eyē? Sqâ'lewen Centre for Indigenous Education & Community Connections, and/or the Office of the Ombudsperson (camosun.ca/ombudsperson).

Your request for medical/compassionate withdrawal will be reviewed by the Registrar or their designate.

Camosun College collects your personal information under the authority of the College and Institute Act [RSBC 1996, Chapter 52, Section 41.1] for the purpose of processing your appeal request, and in compliance with the provisions of the Freedom of Information and Protection of Privacy Act [RSBC 1996, Chapter 165, Section 33.1]. For questions about the collection, use, and disclosure of your personal information, contact privacy@camosun.ca