




Process: Approval of medical or compassionate withdrawal is determined based on documentation provided. If request for refund has also been made, further assessment is done to determine eligibility. **Any tuition refund will be applied to your outstanding account balance before issuing a refund.** Prorated refunds are calculated and issued by Financial Services and do not include registration deposits or Student Association or related fees.

PART 1 sw 1oo:9001830-6189)42-11168197)102-30424101.509pe12peo06128'920369)net2pot1118700

Student Profile					
Legal Last Name	Legal First Name	Student Number			
Request					
Course Name/Number	Refund	CRN	Unfund		
Course Name/Number		CRN	Section #	R <input type="checkbox"/>	W <input type="checkbox"/>
Course Name/Number		CRN	Section #	R <input type="checkbox"/>	W <input type="checkbox"/>
Course Name/Number		CRN	Section #	R <input type="checkbox"/>	W <input type="checkbox"/>
Course Name/Number		CRN	Section #	R <input type="checkbox"/>	W <input type="checkbox"/>

Attending Professional to complete: (eg.	
Medical Withdrawal: <p style="text-align: center;">This student has been under my care for medical reasons which have or will severely inhibit their ability to successfully complete the course(s) noted in PART1.</p> <p>This student has been unable to attend classes for medical reasons since: _____</p>	
Print Name/Profession:	Phone
OR affix company stamp or business card	
	
Signature	Date Signed

PART 3 – Late Withdrawal

Authorization for Withdrawal		the Course Withdrawal Deadline	
<input type="checkbox"/> Late withdrawal granted <input type="checkbox"/> Late withdrawal denied		Comments	
Registrar or designate signature			Date

PART 4 – Refund

Authorization for Refund		the Course Withdrawal Deadline	
<input type="checkbox"/> Prorated Tuition refund granted <input type="checkbox"/> Prorated Tuition refund denied		Comments	
Registrar or designate signature			Date