



**Attending Professional to complete:** (eg. *physician/psychiatrist, nurse practitioner/case manager, lawyer, physiotherapist, counsellor/social worker*)

**Medical Withdrawal:**

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.

This student has been unable to attend classes for medical reasons since: \_\_\_\_\_  
*date*

**Print Name/Profession:**

**Phone**

**OR affix company stamp or business card**



**Signature**

**Date Signed**

**PART 3 – Late Withdrawal**

**Authorization for Withdrawal *After* the Course Withdrawal Deadline**

Late withdrawal **granted**

Late withdrawal **denied**

**Comments**

**Registrar or designate signature**

**Date**

**PART 4 – Refund**

**Authorization for Refund *After* the Course Withdrawal Deadline**

Prorated Tuition refund **granted**

Prorated Tuition refund **denied**

**Comments**

**Registrar or designate signature**

**Date**