

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. WITHDRAWAL INFORMATION

- **Incomplete submissions will not be considered;** ensure this form is fully completed with required supporting documents attached/included. Submissions become the property of the College.
- All student medical/compassionate withdrawal requests require documentary evidence of **extenuating circumstances** (unexpected and uncontrollable circumstances that make it impossible for a student to complete the semester or a course). Such circumstances may include medical emergencies, death in the immediate family, or unforeseen conditions/ situations that arise after the start of term. Grounds for granting a late withdrawal are determined by the Registrar, and are considered on a case-by-case basis. Though approval is not guaranteed, a sudden, serious illness or injury which so impairs a student's ability to participate in class(es) that course requirements cannot be satisfied (e.g. hospitalization for more than one week), as confirmed by a health care provider, would typically be accepted. Examples of **invalid** grounds 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
 - Personal convenience, family events, or travel plans
 - The need to work occasional overtime, or a student's decision to increase hours of work or change jobs
 - Not securing student loan funding sufficiently in advance
- Students are responsible for ensuring they are 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 current and future registration status, funding, and your academic path. Students receiving government financial assistance (loans, grants, etc.) should consult with Financial Aid prior to submitting a request, as proceeding may affect student assistance status. International students should consult with their Academic Advisor regarding study and work permits.
- Requests for current semester withdrawal must be **received** by the last date of instruction (before the final exam period). To be considered for a refund, a **complete** submission must be **received** by or before the last date to withdraw without academic penalty (typically set at 66% of a course duration). Please read the Medical/Compassionate Withdrawal Policy (camosun.ca/policies) for more information.
- Processing time is approximately 15-30 business days. Decisions are sent by email or mailed letter (Canada Post). Tuition refund cheques, if applicable, are mailed separately.

3. WITHDRAWAL REQUEST SPECIFICS (complete both sections)

- Complete Withdrawal** - all **active** courses in the **current semester** are withdrawn. Complete section 5.
 - Provide last date of attendance/participation:
- Partial Withdrawal** - selected courses in the **current semester** are withdrawn. Complete sections 4 and 5, and attach documentation.
 - Supporting documentation from an appropriate professional is **attached** which clearly supports why one (or more) courses are affected while the other(s) are not. Note: Doing well in one course but failing at another is **not** viewed as a valid reason.
- Retroactive Withdrawal** - complete withdrawal from **all** courses in the **previous semester(s)**. Complete section 5, and attach documentation.
 - List semesters (e.g. 2020 Fall):
Note: Retroactive requests will typically only be considered for courses within the last 3 years.
 - Supporting documentation from an appropriate health care provider is **attached**, clearly confirming the student was **incapacitated** to the extent they absolutely could not request withdrawal prior to the last day of instruction (prior to final exams). Submissions without adequate documentation will be denied. There are no refunds for retroactive withdrawals.
- Medical Withdrawal** due to illness (including mental health) or injury.
 - Health care provider support must be provided (complete section 5); for partial or retroactive withdrawals, **additional**, appropriate supporting documentation (as described above) must be attached.
- Compassionate Withdrawal** such as a death in the immediate family, or military relocation. Supporting documentation is required.
 - Documentary evidence is attached (e.g. copy of obituary, employer transfer document, court order) or section 5 completed.
 - A brief explanation in your own words, and a statement of your desired outcome from this request, is attached.

4. PARTIAL WITHDRAWAL - COURSES

Course Code (e.g. HIST-112-001)	Course Title (e.g. Oh Canada: Canada After 1867)	Last Date Attended

5. SUPPORTING DOCUMENTATION

Supporting documentation (as indicated in section 3) is to be provided at the same time as this form.

Examples of professionals deemed appropriate to sign this form for medical withdrawal requests include: Physician, Registered Psychologist, Registered Clinical Counsellor, Aboriginal Elder, and Psychiatrist.

Health Care Practitioner's professional support and recommendation:

I verify that I am providing or have provided care to the above noted person, 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 or injury. I recommend this student be withdrawn from only the courses listed above (additional documentation required), or from all courses in the current semester (no additional documentation required), or all courses in previous semesters (additional documentation required).

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

6. 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:

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

MedicalCompassionateWithdrawal@camosun.ca

Fax: 250.370.3750

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? Sqā'lewen Centre for Indigenous Education & Community Connections, and/or the Office of the Ombudsperson (camosun.ca/ombudsperson).

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