

PLEASE READ CAREFULLY

Withdrawal from courses after the end of the withdrawal period are **only** granted for extenuating circumstances, which are often related to a medical, psychological, accidental or hardship situation. The presence of extenuating circumstances or submission of a request is not a guarantee of a withdrawal approval. Students withdrawing from a course before the deadline should use the online registration system, or contact regappeals@capilano.ca.

APPLICATION CHECKLIST

<input type="checkbox"/>	A request must be submitted 12 months from the start date of the course you are withdrawing from. If not, explain the late application in your statement.
<input type="checkbox"/>	Personal Statement (maximum two pages) <ol style="list-style-type: none"> Provide an opening sentence which clearly states the desired outcome. A chronologically timeline of events and the degree of incapacitation and how those circumstances impacted your academics. Provide a detailed explanation of why you did not withdraw from the course(s), before the add/drop withdrawal deadline. State the steps that you took during this timeline to resolve or inform the instructor(s) of your circumstances. If you did not take any steps, explain why. Indicate how many course components were not completed, i.e., exams, essays, assignments, attendance, all or other. If you are requesting a partial withdrawal, include a detailed explanation of why some courses were affected and not others. Documentation of communication with the instructor must support all details made in your personal statement.
<input type="checkbox"/>	Supporting Documentation Original supporting documentation in English, ensure that the documentation covers the date(s) of circumstances, with authorization to verify documentation i.e., letter from your doctor, counselor, licensed mental health professional, CapU Accessibility Services, death certificate (showing your relationship to the deceased is required), police report, insurance claim, airline itinerary, employment letter. Supporting documents are not returned unless requested at the time of submission. All attending professional must complete Part D of this form.
<input type="checkbox"/>	Complete in full Part A, B, C, and D of the Extenuating Withdrawal Application form.
<input type="checkbox"/>	Sign and date the Declaration and Consent .
NO <input type="checkbox"/>	Have you received a scholarship, bursary, award, work-study or student aid, loan or funds for the term for which you are requesting a withdrawal?
YES <input type="checkbox"/>	*If yes, withdrawals from courses may have implications for financial aid, please consult with Financial Aid & Awards. Failure to do so could result in a decision that changes your eligibility for financial aid.
NO <input type="checkbox"/>	For students that are assisted by a guardian through this process, a Release of Information Request is required for the release of information
YES <input type="checkbox"/>	regarding your application or student records to a parent, guardian, social worker, etc.

Please note If you are withdrawing from a full term (spring or fall), you will need to reapply to the university to return to your studies.

DECLARATION AND CONSENT

By signing below, I confirm I have read and understand the process, expectations, and outcomes of my application for an extenuating withdrawal and;

- I have accurately represented my circumstances on this form and in my statement.*
- I am aware university officials may verify my supporting documentation. I have notified these professionals and have given permission for this contact.*
- I understand that the instructors for the course(s) listed will be contacted to discuss my attendance and academic performance.*
- I am aware that this request will be recorded on my confidential student file and may be consulted in consideration of other requests for academic concession, both current and in the future.*
- I confirm my application is complete and understand it will be assessed as is.*

Student ID: _____ Student Signature: _____ Date: _____

HOW TO SUBMIT AN APPLICATION

Email your application from your my.capilano.ca email to extenuatingwithdrawal@capilano.ca with the subject line: *Student name, Student number - Extenuating Withdrawal Application.*

Mail your application to the attention of the Registrar's Assistant, Registrar's Office, Room 230, Birch Building, 2055 Purcell Way, North Vancouver, B.C., V7j 3h5

Please allow a minimum of four weeks to process.

PART A - PERSONAL INFORMATION

LEGAL LAST NAME/FAMILY NAME	LEGAL FIRST NAME	DOMESTIC / INTERNATIONAL STUDENT
STUDENT NUMBER	CAPU EMAIL	PHONE NUMBER

PART B - REQUESTED COURSES

TERM	COURSE	NUMBER	SECTION	NAME OF INSTRUCTOR

ADMINISTRATION USE ONLY

APPLICATION COMMENTS

Decision: WE Not Approved (*comment) Other _____

Print Name: _____ Signature: _____ Date: _____

____ Assistant ____ Faculty ____ Associate Registrar ____ Registrar ____ CIE ____ Records ____ Other Stakeholders: _____

PART C - PERSONAL STATEMENT

Please use the space below or attached a typed personal statement including a signature and date. See application checklist for statement requirements.

Student ID: _____ Student Signature : _____ Date: _____

PART D - PROFESSIONAL ASSESSMENT

I authorize University officials the release of information from my attending professional to verify the information stated for the purpose of determining an extenuating withdrawal from the Spring Summer Fall term, Year _____

From a Full term OR; Partial term (list courses) _____

Student ID: _____ Student Signature: _____ Date: _____

ATTENDING PROFESSIONAL USE ONLY

This student has been under my care from _____ to present.

Do you have sufficient information to speak for the student's ability to complete coursework during the period indicated above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In your opinion, was the student's academic performance affected during the period indicated, or will, severely inhibit his or her ability to complete the course successfully. If yes, please complete the section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain why, in your opinion, this student has medical or compassionate circumstances which have, or will, severely inhibit their ability to complete the term/course(s) successfully: You may use the **checklist** below or **comment section** below or a **separate written statement**:

The degree to which the problem disrupted the student's academic functioning	<input type="checkbox"/> Impacted	<input type="checkbox"/> Not impacted	<input type="checkbox"/> Not Applicable
Attendance	<input type="checkbox"/> Impacted	<input type="checkbox"/> Not impacted	<input type="checkbox"/> Not Applicable
Ability to use course materials i.e., readings and website	<input type="checkbox"/> Impacted	<input type="checkbox"/> Not impacted	<input type="checkbox"/> Not Applicable
Ability to concentrate and retain information	<input type="checkbox"/> Impacted	<input type="checkbox"/> Not impacted	<input type="checkbox"/> Not Applicable
Ability to complete coursework / assignments / essays / papers	<input type="checkbox"/> Impacted	<input type="checkbox"/> Not impacted	<input type="checkbox"/> Not Applicable
Ability to write an exam	<input type="checkbox"/> Impacted	<input type="checkbox"/> Not impacted	<input type="checkbox"/> Not Applicable
Ability to interact with instructors	<input type="checkbox"/> Impacted	<input type="checkbox"/> Not impacted	<input type="checkbox"/> Not Applicable

COMMENTS:

NAME (PLEASE PRINT)		OFFICE STAMP	
ADDRESS			
PHONE	EMAIL		
SIGNATURE	DATE (MM/DD/YYYY)		