



CEWT REQUEST FOR WITHDRAWAL FOR MEDICAL OR COMPASSIONATE REASONS

Students may apply for consideration of a medical or compassionate withdrawal refund using this form and forwarding it to Enrolment Services at: esc@selkirk.ca. Please see [Policy 8616](#) for more information. Results of this request will be communicated to the student by email. **Form MUST be filled out using Adobe Acrobat. Do not use Apple Preview.**

STUDENT INFORMATION

Date: _____

Legal First Name: _____

Legal Last Name: _____

Mailing Address: _____

Email Address: _____

Phone: _____

SELKIRK COLLEGE STUDENT ID

THIS INFORMATION IS CORRECT.

STUDENT SIGNATURE

SPONSORED STUDENT:

YES

NO

PLEASE ENTER YOUR COURSE INFORMATION BELOW

Course Number	Section Number

Students who are sponsored should also connect with their sponsor directly.

All refunds associated with a medical/compassionate withdrawal refund are subject to policy. Please review [Policy 8616](#) for more information.

REASON FOR WITHDRAWAL REFUND REQUEST

OFFICE USE ONLY. REGISTRAR'S OFFICE: AUTHORIZATION FOR REFUND

Late withdrawal granted

Late withdrawal denied

COMMENTS:

REGISTRAR'S OFFICE SIGNATURE

DATE