

Medical/Compassionate Withdrawal Request

Instructions - Please follow carefully.

Students who have a medical or other type of emergency during the semester after the 10th day of classes may request a grade reversal by following the steps outlined below. Based on the information provided in Parts A & B, the Registrar's Office may, in some cases, grant a partial refund. Please note that the tuition deposit and ancillary fees are always non-refundable.

Important information to consider when applying for a withdrawal:

- The withdrawal package must be submitted within 30 calendar days from the last day of the academic semester related to the request. Incomplete forms will not be considered, and will delay the request significantly, so please ensure to complete all the steps carefully.
- A partial refund will only be considered if a student is unable to continue in their studies and withdraws from their entire program. In instances where a student wishes to withdraw from some courses and not others for a particular semester, they are not eligible for any refund. They should provide an explanation as to why they were able to continue in some courses for any grade reversal to be considered.
- For students who have received OSAP, partial refunds will be issued directly back to the National Student Loan Centre.
- For students who have not received OSAP, partial refunds will be issued directly back to the student. Please ensure that your current mailing address is on file with the College.
- Once the full and completed withdrawal package is received, please allow 4 weeks for processing. All students will be contacted by the email provided.
- Approval of a medical/compassionate request does not guarantee re-admission to highly competitive programs.

Steps Required:

1. Make an appointment at Student Wellness & Accessibility – see contact below.
2. *Follow applicable step:*
 - a) If you are withdrawing from a course, multiple courses, or your program in the current semester: officially withdraw from your program through Student Services in Brockville/Cornwall or your Academic School office in Kingston prior to submitting this request;
 - b) If you are requesting a change of grade relating to a previous semester, this form is the only form you are required to submit.
3. *Follow applicable step:*
 - a) If you are withdrawing for medical reasons: complete Part A and Part B and submit to Student Wellness & Accessibility.
 - b) If you are withdrawing for compassionate reasons (including, but not limited to, the death of the student's spouse or partner, parent, or child): complete Part A, attach appropriate documentation based on the circumstance, and submit to Student Wellness & Accessibility.
4. If not indicated in Part B, students who withdraw for medical reasons who wish to return to their studies must provide medical documentation signed by a Regulated Healthcare Professional indicating they are safe to return to studies. Please forward appropriate document to Student Wellness & Accessibility at least two weeks prior to return to studies date.

Questions? Contact Student Wellness & Accessibility. Email – wellness@sl.on.ca. Phone - Kingston: 613-544-5400 ext. 5504. Brockville: 613-345-0660 ext. 3154. Cornwall: 613-933-6080 ext. 2709.

PART A – Student Statement

Attention: You must fully complete this form in order for your request to be considered.

- If this request pertains to the current semester, I have formally withdrawn from the applicable course(s) / program through my Academic School (Kingston) or Student Services (Brockville/Cornwall).

***If you have not formally withdrawn, you must do so before submitting this form.**

Semester: Fall Winter Spring **Relevant Year:** 20 _____ Part Time Full Time

Email: _____ (Ensure you have regular access to this email, as this is how you will be contacted.)

Program: _____ **Campus:** _____ **Academic School:** _____

OSAP: Yes, I am an OSAP recipient. No, I am not an OSAP recipient.

Academic Request: W for all courses W for following courses:

Reason for Request:

- Medical (ensure PART B is completed by your Regulated Health Professional)
- Compassionate, please provide an explanation of the circumstances that should be considered when reaching a decision on your withdrawal request

Student Signature: _____ **Date:** _____

BELOW FOR OFFICE USE ONLY

<p><u>Student Wellness & Accessibility</u></p> <p>Received Date: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>Academic Request:</p> <p><input type="checkbox"/> W for all courses <input type="checkbox"/> W for following courses: _____</p> <p>Staff Signature: _____</p> <p>Date: _____</p>	<p><u>Registrar's Office</u></p> <p>Refund:</p> <p><input type="checkbox"/> No Refund <input type="checkbox"/> Tuition Only Refund <input type="checkbox"/> Charge \$500</p> <p>Processed by: _____</p> <p>Date: _____</p> <p><input type="checkbox"/> Indicator or <input type="checkbox"/> Comment posted by _____</p> <p><input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other</p> <p>Student notified on: _____</p>
---	---

PART B – Student Medical Declaration

Semester: Fall Winter Spring Relevant Year: 20

Regulated Health Professional's Statement:

Please complete all of the information below/choose all that apply.

- I hereby confirm that I have provided care to _____ (STUDENT NAME).
- By checking here, I verify that I have read and agree with the **Student Request** on Part A of this form **(this must be selected in order for the College to consider the student's request above)**.
- For the current semester: I confirm that this student is unable to continue in their academic studies at St. Lawrence College at this time.
- For a previous semester: I confirm that this student was unable to continue in their academic studies at St. Lawrence College at the time noted in Part A.

Please select one (1):

- Student is able to self-assess and determine readiness to return.
- Student must provide medical documentation signed by a Regulated Health Professional indicating readiness to return to studies.
- Student is ready to return to studies on _____ (DATE).
- In the instance of a partial withdrawal, this student is able to continue their studies but is not able to continue in the courses listed in Part A.
- Other Comments:

Name and title of the Regulated Health Professional (please type or print) Designation:

Signature (must sign here)

Date:

Address, Telephone (or attach business card/stamp)