

Medical/Compassionate Request

Instructions

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 \$500 tuition deposit (\$2350.00 for international students) and the ancillary fees are always non-refundable.

Important information to consider when submitting for a medical/compassionate request:

- The medical/compassionate request package must be submitted to Student Services in Brockville/Cornwall or your Academic School in Kingston 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.
- Once the full and completed request is received by the Registrar's Office, please allow 4 weeks for processing. All students will be contacted by the email provided.

Steps Required:

1. Officially withdraw from your program through Student Services in Brockville/Cornwall or your Academic School office in Kingston prior to submitting this request;
2. Fully complete Part A of the request, including clearly articulating the reasons why your request should be considered;
3. Complete:
 - a. In the case of a withdrawal for medical reasons Part B – Student Medical Declaration form must be completed by a Regulated Health Care Professional;
 - b. In the case of another type of personal emergency, including but not limited to, a death of a close family member, the student will be required to provide the College with appropriate documentation based on the circumstance, in lieu of the Medical Declaration;
4. Submit completed Parts A and B of the request to Student Services in Brockville/Cornwall or your Academic School office in Kingston within 30 days of the relevant semester.
5. If not provided in Part B, all students who withdraw for medical reasons who wish to return to their studies must provide medical documentation signed by a Regulated Health Professional indicating they are safe to return to studies. Please forward appropriate document to the Registrar's Office at least two weeks prior to return to studies date. Approval of a medical/compassionate request does not guarantee readmission to highly competitive programs.

If you have any further questions, please contact either your College Counsellor, if applicable, Student Services in Brockville/Cornwall, or your Academic School office in Kingston.

PART A – Student Statement

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

I have formally withdrawn from my program or course(s) 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:** 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:

A partial refund for students who are withdrawing from all courses may be considered based on the information provided below. If you are an OSAP recipient, any refund will be forwarded to the National Student Loans Centre on your behalf.

Student Request: Below, please provide an explanation of the emergency that should be considered when reaching a decision on your Medical/Compassionate request (specific details of personal health information not required).

Student Signature (must sign here)

Date:

Below for Office Use Only:

Approved Not Approved

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

Refund: No Refund Tuition Only Refund Other:

Approved by: _____ **Date:** _____

Approved by: _____ **Date:** _____

Admin. email sent by: _____ **Date:** _____

Indicator or Comment posted by: _____ **Date:** _____

Student notified on: _____ **Via** Email or Phone Other

PART B – Student Medical Declaration

Semester: Fall Winter Spring **Relevant Year:**

Regulated Health Professional's Statement

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

I hereby confirm that I have provided medical emergency care to

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**).

I confirm that this student is unable to continue in their academic studies at St. Lawrence College at this time.

*All students withdrawing for medical reasons who wish to resume their studies, must provide medical documentation signed by a Regulated Health Professional indicating they are safe to return to studies. If applicable and known, this student may safely return to studies on:

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 below due to the following limitations:

- Course(s) unable to be completed at this time:

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)