CLEAR FORM

St. Lawrence College

Student Number _____ First Name: _____ Last Name: _____

Medical/Compassionate Withdrawal Request

Instructions - Please follow carefully.

St. Lawrence College recognizes that serious health matters or unexpected circumstances may arise for students that prevent them from successfully completing their studies. Students who have a medical or other type of emergency after the 10th day of classes may, in those circumstances, request a Medical/Compassionate Withdrawal Request. If the student's request is granted, their semester grades may be updated to reflect a withdrawal (W). In some cases, a partial refund may also be issued. Please note that tuition deposits and ancillary fees are non-refundable.

Important information to consider when applying for a withdrawal:

- Wherever possible, the Medical/Compassionate Withdrawal request should be submitted within 30 calendar days from the last day of the academic semester. Please ensure to follow the steps outlined, complete the request accurately, and include the required documents to avoid a delay in processing your request.
- Students wishing to withdraw from some courses and not others will have to be relevant to the situation and confirmed with Student Wellness & Accessibility. In this situation, students are not eligible for a partial refund.
- Full-time students in a 7-1-7 course delivery structure who wish to retain any of their grades for courses completed in a 7-week term are entitled to a refund only for the courses found in the other 7 weeks. For this unique semester, the full-time student will be reclassified in the system with a Part-Time load status and be eligible for a refund if the part-time tuition fees owed are less than the full-time tuition fees already paid. An administrative fee may still apply in these situations.
- A partial refund will be considered if a student is unable to continue and completes an academic withdrawal for their academic program.
    - For students who have received OSAP, any partial refund will be issued directly to the National Student Loan Centre.
    - For students who have not received OSAP, any partial refund will be issued directly to the student. Refunds will be sent by cheque to the mailing address on file on the student's SLC.ME portal, or via the original source of payment.
    - For students who are sponsored by an external agency, the refund may be issued in the third-party sponsor's name.
- Once the completed Medical/Compassionate Withdrawal Request is received, please allow 4-6 weeks for processing. All students will be contacted via their SLC email.
- Please note approval of a medical/compassionate withdrawal request does not guarantee re-admission and/or re-entry into the student's academic program. Students may be subject to reapplication fees and processes through the OCAS application portal.

Please complete the steps outlined below:

Step 1:

Make an appointment with Student Wellness & Accessibility. During your appointment, we will discuss your eligibility for a Medical/Compassionate Withdrawal. Student Wellness & Accessibility can be reached at: swa@sl.on.ca or 613-544-5400 ext. 5504.

Step 2:

Follow the applicable steps:

a) If you are withdrawing for medical reasons, please complete Part A and Part B of the Medical/Compassionate Withdrawal Request and contact Student Wellness & Accessibility to schedule an appointment. Please bring this document to your appointment.

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), please complete Part A of the Medical/Compassionate Withdrawal Request ONLY, attach appropriate documentation based on the circumstance, and contact Student Wellness & Accessibility to schedule an appointment. Please bring this document to your appointment.

Step 3:

Where indicated by your Professional Healthcare Provider in Part B, students who withdraw for medical reasons and wish to return to their studies must provide medical documentation signed by a Regulated Healthcare Provider indicating they are medically cleared to return to studies. The documentation should be forwarded to Student Wellness & Accessibility at least two weeks prior to your proposed return study start date.

Questions? Contact Student Wellness & Accessibility.
Email – swa@sl.on.ca Phone - 613-544-5400 ext. 5504.

Student Number _____ First Name: _____ Last Name: _____

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 Registration Services.

  ***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:** select one ☐ I am a sponsored student.

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

Academic Request: ☐ Withdrawal for all courses ☐ Withdrawal for following courses:

Are you enrolled in any online courses? Yes ☐ No ☐

If yes, are you withdrawing from online courses? Yes ☐ No ☐

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

Student Wellness & Accessibility

Received Date:

☐ Approved ☐ Not Approved

Academic Request:

☐ W for all courses ☐ W for following courses:

Staff Signature:

Date:

Registrar's Office

Refund:

☐ No Refund ☐ Tuition Only Refund ☐ Charge $500

Processed by:

Date:

☐ Indicator or ☐ Comment posted by

☐ Email ☐ Phone ☐ Other

Student notified on:

Student Number _____ First Name: _____ Last Name: _____

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 - Designation Stamp Required