



REQUEST FOR COMPASSIONATE WITHDRAWAL

Students experiencing serious medical, emotional or other issues which require them to withdraw after the passing of the official withdrawal deadline and prior to the completion of the semester may **request a complete withdrawal from all courses on compassionate grounds**. In very unusual circumstances that can be substantiated on health or related grounds, a partial reduction in registration may be considered. In either case, the extenuating circumstances must be shown and documented (for complete information, please refer to Policy ST. 13). Please note: approval of a compassionate withdrawal does not result in a tuition adjustment.

How to complete your request

If you wish to apply for Compassionate Withdrawal, you must complete this form and provide complete documentation to support the request. It is your responsibility to submit your request within a reasonable time frame, as appropriate for the reason for submission. Requests are treated very seriously; fraudulent or trivial requests may be subject to University conduct policies and/or legal process. It is always the responsibility of the student to familiarize themselves with, and abide by, University policies and regulations set out in the University Calendar.

- 1. Complete Parts I and II below**
- 2. Have instructor(s) complete Part III (on reverse)**
- 3. Attach complete documentation to support your request (in English - official translations must be provided).**
Examples: medical certificate, death certificate, obituary. Requests submitted without supporting documentation will be denied.
- 4. Submit in person to Student Enrolment Services, email to appeals@kpu.ca (from your KPU email) or mail to: KPU Office of the Registrar, 12666 72 Ave., Surrey, BC V3W 2M8**

Part I - Student Information

Student ID	Last name	First name
KPU email address	Phone	Do you have a student loan?
Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year	Student signature

Part II – Reason for the Request

Provide a specific explanation of the circumstances leading to your request for Compassionate Withdrawal. Attach separate sheet if necessary.

Office Use Only

Date received:	Adjudicator's decision: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Received by:		
Date logged:	Request no:	
Date processed:	Adjudicator's signature:	Date:

Part III – Course(s) you wish to be withdrawn from (to be completed by Instructor or Dean, or designate)

Course name and section	CRN	Last date attended
Is an alternative to CW viable (e.g. I Contract, Aegrotat, grade on work completed)?		
Other comments		
Instructor name (print)	Instructor signature	Date

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