



REQUEST FOR AUTHORIZED WITHDRAWAL

Active Offer: This PDF document is available in alternate formats upon request. If you require an alternative format, please contact:
Registrar.Office@umanitoba.ca.

STUDENT INFORMATION:

Student Number: _____ Last Name(s): _____ Given Name(s): _____

Student Email: _____ Address: _____

City: _____ Province: _____ Postal Code: _____ Phone Number: _____

Current Faculty/college/school: _____ Faculty/college/school during affected term:*

** Requests for authorized withdrawals are to be submitted the faculty/college/school of time registered in courses for which authorized withdrawals are being sought.*

Request is for: _____ Fall Term: _____ Winter Term: _____ Summer Term: _____

COURSE INFORMATION:

SUBJ (e.g. PSYC)	COURSE # (e.g. 1200)	SECTION (e.g. A01)	CRN (e.g. 10035)	FINAL GRADE (if applicable)	VOLUNTARILY WITHDREW?

Have you spoken to an academic advisor from your home Faculty/College/School about this request? Yes No

If no, please speak to an advisor prior to preparing this request for instruction on submission requirements and academic planning.

Please attach a letter to explain why you are making this request. Your request must contain a description of how your circumstances impacted your ability to complete your academic requirements.

Grounds: Medical Compassionate

Continued on next page



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Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of processing your authorized withdrawal request. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.



COURSE INFORMATION: (CONTINUED)

List attached supporting documentation:

(Attach an additional page if needed)

For assistance in preparing this letter view information prepared by the [Student Advocacy office](#) which includes a letter template.

If applicable, please provide the name of your student advocate: _____

Student Signature: _____ Date: _____

OFFICE USE ONLY: SECTION TO BE COMPLETED BY FACULTY/COLLEGE/SCHOOL

Approved

Modified

Denied

Conditions:

Rationale:

Faculty Rep. Signature: _____ Date: _____

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