



## Request for an Authorized Withdrawal

### STUDENT INFORMATION:

Last Name(s): \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Student Number: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_ UofM Email: \_\_\_\_\_

Address 1: \_\_\_\_\_ City/Town: \_\_\_\_\_

Address 2: \_\_\_\_\_ Province/State/Region: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Current Faculty/College/School: \_\_\_\_\_

Faculty/College/School registered 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 20 \_\_\_\_\_ Winter Term 20 \_\_\_\_\_ Summer Term 20 \_\_\_\_\_ (Attach additional page if needed)

SUBJ (e.g. PSYC)	COURSE # (e.g. 1200)	SECTION (e.g. A01)	CRN (e.g. 10035)	Final grade (if applicable)	Voluntarily withdrew? (Y/N)

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

List attached supporting documentation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For assistance in preparing this letter view information prepared by the Student Advocacy office which includes a letter template <http://umanitoba.ca/student/advocacy/authorized-withdrawal>

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

The information requested relates directly to and is needed by the University and these offices to consider the authorized withdrawal request. This personal information is being collected under the authority of the University of Manitoba Act. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, contact the **Access and Privacy office** (204) 474-9462, 233 Elizabeth Dafoe Library, University of Manitoba, R3T 2N2.



**Request for an Authorized Withdrawal**

**FOR OFFICE USE ONLY – To be Completed by Faculty/College/School**

Approved

Denied

Modified

Conditions: \_\_\_\_\_

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Rationale: \_\_\_\_\_

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Faculty Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_