General Studies Extended Education

Request for Authorized Withdrawal

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

Your personal information and personal health 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 determining your eligibility for deferred exam(s), coordinating your deferred exam with a department, SAS and for communication. Your personal information and personal health information will not be used or disclosed for other purposes, unless permitted by *The Personal Health Information Act* (PHIA) or *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information or personal health information, contact the Access & Privacy Office (Tel: 204.474.9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

Name		Student Number			
Phone Number(s) Home		Work/Cell			
UM Student Ema	ail:				
Please list the cou	rse(s) you are requestin	g the Authorized	Withdrawal(s) (A	AW's) from:	
CRN	Department (i.e. PSYC)	Course Number (i.e. 1200)	Lecture Sec	Session (Year) Courses Were Registered In (i.e. Fall/Winter/Summer)	
Based on:					
Medical	(must be accompa	nnied by medical do	cumentation indicat	ting period of illness or disability)	
Other	(must be accompa	anied by appropriat	te documentation)		
Did you attend an	y classes? (BE SPECIF)	IC TO EACH CO	URSE)	Yes No	
		BE SPECIFIC TO EACH COURSE Yes No			
•	tailed information regar				
		anig willy you are		(5).	
(Use the reverse side of the	nis form if more space is required	or, preferably, include a	letter explain why you a	are making the request).	
		- •	- ••		
Student's Signatu	ure	Date			