

Student Advocacy **Authorized Withdrawal Letter Outline**

Date

Person (Associate Dean of Faculty of Registration)

Position

Address (Faculty General Office)

Dear _____:

1. ***I am requesting an Authorized Withdrawal from.....*** (List courses, course numbers, and sessions/dates)
2. ***State the grounds and refer to supporting documentation.***

This is on the basis of medical and compassionate grounds
Please see attached documentation from...

3. ***Explain the problem leading to the appeal or request.***

Provide a chronology or timeline of events that occurred while you were taking these courses.

How did these circumstances affect your ability to successfully complete these courses?

- Were you able to attend class? If so, how was this affected by your circumstances?
- How did your circumstances affect you while studying?
- How did your circumstances affect your ability to complete assignments?
- Did you write mid-terms?
- Did you write final exams? If you experienced difficulty while writing tests or exams, please provide specific detail.

In this section, you need to focus on how your circumstances/symptoms prevented you from being successful. You must include this information for each course you are asking for a withdrawal from. If you were able to pass some courses successfully, you need to explain how.

Did you voluntarily withdraw from the courses? If not, why not?

Did you speak to anyone (e.g., a counselor, a faculty advisor, your professors?) If so, what advice were you given? If not, why not?

4. ***Explain how your situation has improved/changed so as to allow for future success.***
What steps have you taken to improve your situation? Are you working with any professionals to help you be successful? What have you learned/what would you do differently, if anything?
5. ***How will you be disadvantaged by not having the request granted?***

For example, what is the effect on your GPA? Will you be placed on probation or suspension? How will that disadvantage you?

6. ***Briefly re-state your request, grounds and desired outcome. Are there alternative resolutions to suggest?***

7. ***Thank them for consideration of your request. Do you require this decision by a certain date? If so, provide a timeline for an expected response to your request.***

8. State that you will appear at a meeting or a hearing, if necessary. Indicate that your Student Advocate has your permission to be copied on all documentation regarding this matter. Also, if any meetings or hearings are to be scheduled, indicate that you would like the decision maker to contact your Student Advocate when determining availability for meeting or hearing times.

Sincerely,
Name, Student Number
Address, Phone Number
Email

Encl. (list any documents here that you are enclosing with your letter)

c.: Student Advocacy, (the name of your student advocate is inserted here)