

Request for Authorized Withdrawal

Detailed information on authorized withdrawal is provided online: umanitoba.ca/extended/coned

THIS SECTION TO BE COMPLETED BY THE STUDENT

Student Last Name: _____ First (Given) Name: _____

Student Number: _____ Date of Birth (yy/mm/dd): _____

Course(s) taken in: Fall 20____ Winter 20____ Summer 20____

Aboriginal Focus Program Continuing Education English Language Studies and International Programs Summer Session (Non-Degree)

Please list the course(s) you are requesting the Authorized Withdrawal(s) (AW) from:

Course Name:	Subject Code:	CRN:	Attended Classes? (Y/N)	Wrote Final Examination? (Y/N)

Medical (must provide medical certificate indicating period of illness or disability) Other (must provide appropriate documentation certifying the reason)

Please provide detailed information regarding why you are requested the AW(s): _____

Signature: _____ Date: _____

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 request for an authorized withdrawal. 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.

THIS SECTION TO BE COMPLETED BY THE AREA DIRECTOR

Authorized Withdrawal has been: Approved (with refund) Approved (no refund) Denied

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED AND THE STUDENT'S RECORD UPDATED BY STUDENT AND INSTRUCTOR SERVICES

Comments: _____

Signature: _____ Date: _____