



LATE WITHDRAWAL REQUEST

Please Note:

If you are on a Student Loan and/or have a scholarship/ award, this withdrawal may affect your Student Loan or Financial Awards standing. Please contact Student Financial Assistance and Awards.

DIRECTIONS TO STUDENTS:

- Please review the calendar for the campus-wide policy about academic concessions:
<http://www.calendar.ubc.ca/okanagan/index.cfm?tree=3,48,0,0>
- Use this form to withdraw from a course after the withdraw deadline:
<http://www.calendar.ubc.ca/okanagan/index.cfm?go=deadlines>

Normally, requests for Late Withdrawal must be submitted as close as possible to the time that the class attendance is adversely affected, and before the end of term. In considering these requests or any appeals of decisions on academic concessions, the dean's office will not normally accept untimely submissions. Acceptable supporting documentation must be provided. Initiating a request for Late Withdrawal does not ensure the concession will be approved.

- Complete all of Part A below
- Attach supporting documentation (see important guidelines on the next page)
- Bring completed form to the Dean's office (ASC 413) or email it to:
 fos.students.ubco@ubc.ca

Part A: to be completed by the student

Date:

Student Number:

Student Last Name:

Student First Name:

Student Email:

Degree:

Major:

Reason for withdrawal:

Student Signature:

* Email submission of this request is accepted in lieu of student signature

COURSE SECTION DROP					Have you discussed this Withdrawal with an Advisor or your Instructor?	
Date of Last Attendance	Term (ie. W20, T1)	Subject (ie. BIOL)	Course # (ie. 116)	Section (ie. 001)	Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

Irving K. Barber Faculty of Science Policy on Supporting Documentation for Academic Concessions

Requests for academic concessions must be accompanied by acceptable supporting documentation, or it will not be reviewed. Students must provide original documents in support of requests for academic concessions. Students must provide original medical documentation, with a signature in ink from the medical professional: we do not accept digital signatures. The note must be on letterhead, with complete contact information provided to allow us to contact the office for document authentication.

Part B: to be completed by the Dean or Designate of the Faculty

Associate Dean Request approved Request denied request

Effective date of withdrawal:

Comments:

Signature of Associate Dean

Name (please print)

Date

Phone number

Your personal information is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA). Questions about the collection and use of this information may be directed to fos.students.ubco@ubc.ca