

WITHDRAWAL UNDER EXTENUATING CIRCUMSTANCES APPLICATION

STUDENT SERVICES, 438 TERMINAL AVENUE, VANCOUVER BC, V6A 0C1

EMAIL: ewithdrawal@columbiacollege.ca TEL: 604 683 8360

PLEASE READ CAREFULLY

Withdrawal from courses after the end of the withdrawal period are **only** granted for extenuating circumstances, which are often related to a medical, psychological, accidental or hardship situation. The presence of extenuating circumstances or submission of a request is not a guarantee of a withdrawal approval. Students withdrawing from a course before the deadline should proceed with a regular withdrawal.

APPLICATION CHECKLIST

<input type="checkbox"/>	Personal Statement (maximum two pages) <ul style="list-style-type: none"> a. Provide an opening sentence which clearly states the desired outcome. b. A chronologically timeline of events and the degree of incapacitation and how those circumstances impacted your academics. c. Provide a detailed explanation of why you did not withdraw from the course(s), before the add/drop withdrawal deadline. d. State the steps that you took during this timeline to resolve or inform the instructor(s) of your circumstances. If you did not take any steps, explain why. e. Indicate how many course components were not completed, i.e., exams, essays, assignments, attendance, all or other. f. If you are requesting a partial withdrawal, include a detailed explanation of why some courses were affected and not others. g. Documentation of communication with the instructor must support all details made in your personal statement.
<input type="checkbox"/>	Supporting Documentation Original supporting documentation in English, ensure that the documentation covers the date(s) of circumstances, with authorization to verify documentation i.e., letter from your doctor, counselor, licensed mental health professional, Columbia College Counsellor, death certificate (showing your relationship to the deceased is required), police report, insurance claim, airline itinerary, employment letter. Supporting documents are not returned unless requested at the time of submission. All attending professional must complete Part D of this form.
<input type="checkbox"/>	Complete in full Part A and B of the Compassionate Withdrawal Application form.
<input type="checkbox"/>	Sign and date the Declaration and Consent .

DECLARATION AND CONSENT

By signing below, I confirm I have read and understand the process, expectations, and outcomes of my application for an extenuating withdrawal and;

- I. I have accurately represented my circumstances on this form and in my statement.*
- II. I am aware Columbia College officials may verify my supporting documentation. I have notified these professionals and have given permission for this contact.*
- III. I understand that the instructors for the course(s) listed will be contacted to discuss my attendance and academic performance.*
- IV. I am aware that this request will be recorded on my confidential student file and may be consulted in consideration of other requests for academic concession, both current and in the future.*
- V. I confirm my application is complete and understand it will be assessed as is.*

Student ID: _____ Student Signature: _____ Date: _____

HOW TO SUBMIT AN APPLICATION

Email your application to ewithdrawal@columbiacollege.ca with the subject line: *Student name, Student number - Withdrawal Under Extenuating Circumstances Application.*

Please allow a minimum of four weeks to process.

COMPASSIONATE CIRCUMSTANCES WITHDRAWAL APPLICATION
 STUDENT SERVICES, 438 TERMINAL AVENUE, VANCOUVER BC, V6A 0C1
 EMAIL: compassionatewithdrawal@columbiacollege.ca TEL: 604 683 8360
PART A - PERSONAL INFORMATION

LEGAL LAST NAME/FAMILY NAME	LEGAL FIRST NAME	PROGRAM
STUDENT NUMBER	COLUMBIA COLLEGE EMAIL	PHONE NUMBER

PART B - REQUESTED COURSES

SEMESTER	COURSE	NUMBER	SECTION	NAME OF INSTRUCTOR

ADMINISTRATION USE ONLY**APPLICATION COMMENTS**
 Decision: ☐ YES ☐ Not Approved (*comment) Other _____

Print Name: _____ Signature: _____ Date: _____

_____ Instructor _____ VPA _____ Student Services _____

