LATE DISCONTINUATION APPEAL FORM

Name: _____ **Student ID#:**_____ **Email:** _____

Year of Study: _____ **Program:** _____ **Phone:** _____

Course: _____ **Instructor:** _____

**Please note that late discontinuations will only be granted based on compassionate grounds (ie. medical emergency, family death, etc.). Discontinuations after the date specified by the academic calendar will not be granted to students on the basis of fear of failure or low grades.

REASON FOR LATE DISCONTINUATION (attach additional pages as needed)**:**

I understand the above policy and I:

- ☐ have provided a detailed explanation for this request on this form (or attached);
- ☐ certify that this request is complete, accurate, truthful, and made in good faith;
- ☐ have attached supporting documentation (medical certificate, certificate from health or counselling services) ;

_____ _____

Student's Signature Date

Received in Registrar's Office on _____ *by* _____.

Office use only for review by Registrar:

Request has been ♢ granted ♢ denied by _____.

♢ With Refund _____% ♢No Refund

The Registrar will inform the Accounting Office as to the outcome of this appeal.