



A student who wishes to apply for withdrawal under extenuating circumstances must complete this form and provide additional documentation to support the request. It is the responsibility of the student to provide the necessary information as soon as possible after the extenuating circumstances arise. Students are cautioned that the granting of a withdrawal under extenuating circumstances is at the discretion of Simon Fraser University. All available information, including the student's performance during the term, will be considered.

PLEASE SUBMIT YOUR APPLICATION TO THE REGISTRAR AND INFORMATION SERVICES COUNTER IN STUDENT SERVICES, MAGGIE BENSTON STUDENT SERVICES CENTRE 3200, BURNABY CAMPUS.

PART 1 (TO BE COMPLETED BY THE STUDENT)

Name _____ SFU student number _____

Address _____

Telephone _____ E-mail _____ @sfu.ca

List below ALL courses from which you are applying for a withdrawal Partial withdrawal Complete withdrawal

Course number (e.g. CHEM 100)	Name of instructor	Term
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reasons for request: check all that apply.

medical compassionate employment other reasons

Student's signature _____ Date _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The information on this form is collected under the authority of the University Act (RSBC 1979, c419). The information is needed to support your application for withdrawal from courses in progress or retroactive withdrawal. If you have any questions about the collection and use of this information, contact the Assistant Registrar, Senate and Academic Services, Student Services, 778.782.5350.

PART 2 (TO BE COMPLETED BY SENATE AND ACADEMIC SERVICES)

Within term _____ Retroactive _____ Action: _____ Approved _____ Denied _____

Faculty review Yes _____

NOTES _____

Signature _____ Date _____

Distribution: original to Senate and Academic Services; copy to student file