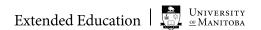
## STUDENT AND INSTRUCTOR SERVICES



## 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: _	First (Given) Name:			
Student Number:	Date of Birth (yy/mm	Date of Birth (yy/mm/dd):			
Course(s) taken in:	mmer 20				
☐ Aboriginal Focus Program ☐ Continuing Education ☐ En	glish Language Studies and	h 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)	
Modical (wouth provide modical contificate indicating posted of illness or di	Conhilitury Debou (moust m			 	
Medical (must provide medical certificate indicating period of illness or di	,		, ,		
Please provide detailed information regarding why you are requested the AW(s):					
				-	
Signature:	Date:				
Your personal information is being collected under the authority of <i>The University of Manitoba Act</i> . The Your personal information will not be used or disclosed for other purposes, unless permitted by <i>The I</i> information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, Ur	he information you provide will be us Freedom of Information and Protection	ed by the University for the purp of Privacy Act (FIPPA). If you ha	oose of processing your requ	est for an authorized withdrawl.	
THIS SECTION TO BE COMPLETED BY THE AREA DIRECTOR					
Authorized Withdrawal has been: Approved (with refund) Approve	ed (no refund) Denied				
_ , , , , , , , , , , , , , , , , , , ,					
Signature:	Date:				
THIS SECTION TO BE COMPLETED AND THE STUDENT'S RECORD UP					
THIS SECTION TO BE COMPLETED AND THE STODENT S RECORD OF	DATED BY STUDENT AND	INSTRUCTOR SERVICE	3		
Comments:					
Signature:	Date:				