



# UNIVERSITY OF MANITOBA

## Request for an Authorized Withdrawal

### STUDENT INFORMATION:

Last Name(s): \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Student Number: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_ UofM Email: \_\_\_\_\_

Address 1: \_\_\_\_\_ City/Town: \_\_\_\_\_

Address 2: \_\_\_\_\_ Province/State/Region: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Current Faculty/College/School: \_\_\_\_\_

Faculty/College/School registered during affected term\* \_\_\_\_\_

*\*Requests for authorized withdrawals are to be submitted the faculty/college/school of time registered in courses for which authorized withdrawals are being sought.*

Request is for: Fall Term 20\_\_\_\_\_ Winter Term 20\_\_\_\_\_ Summer Term 20\_\_\_\_\_ (Attach additional page if needed)

SUBJ (e.g. PSYC)	COURSE # (e.g. 1200)	SECTION (e.g. A01)	CRN (e.g. 10035)	Final grade (if applicable)	Voluntarily withdrew? (Y/N)

Have you spoken to an academic advisor from your home Faculty/College/School about this request?  Yes  No

If no, please speak to an advisor prior to **preparing** this request for instruction on submission requirements and academic planning.

Please attach a letter to explain why you are making this request. Your request must contain a description of how your circumstances impacted your ability to complete your academic requirements.

Grounds:  Medical  Compassionate

List attached supporting documentation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For assistance in preparing this letter view information prepared by the Student Advocacy office which includes a letter template <http://umanitoba.ca/student/advocacy/authorized-withdrawal>

If applicable, please provide the name of your student advocate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

The information requested relates directly to and is needed by the University and these offices to consider the authorized withdrawal request. This personal information is being collected under the authority of the University of Manitoba Act. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, contact the Access and Privacy office (204) 474-9462, 233 Elizabeth Dafoe Library, University of Manitoba, R3T 2N2.



UNIVERSITY  
OF MANITOBA

**Request for an Authorized Withdrawal**

**FOR OFFICE USE ONLY – To be Completed by Faculty/College/School**

Approved

Denied

Modified

Conditions: \_\_\_\_\_

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Rationale: \_\_\_\_\_

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Faculty Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Guidelines for Health Care Professionals<sup>1</sup> Certificates of Illness

*The University of Manitoba requires that students provide proof of an illness/injury in order to implement appropriate academic policies and accommodations on their behalf.*

**For the University to accept this documentation it must be on official office stationery such as letterhead or a personalized prescription pad, and it should contain the following information:**

- Student's name
- Date(s) you saw the student
- Date of onset of the illness/injury or date of onset of the acute period if the illness is chronic
- Statement indicating the degree of incapacity of the student as it relates to their ability to perform their academic work, i.e., ability to attend classes, complete assignments, prepare for and/or write tests or exams
- Statement indicating the duration or estimated duration of incapacity
- Your contact information including phone number

**Please note the following:**

- The University requires specific information about whether and to what degree the illness/injury/treatment affects the student's academic performance, and not the specific nature or treatment of the illness/injury itself
- You must have seen the student during or immediately following the illness/injury, or when it was first possible for the student to seek/receive treatment from you
- An academic advisor or university administrator may contact you to verify the information you provided to the student. Additional information should not be requested from you without permission from the student

**Please contact Student Advocacy at 474-7423 if you have any questions or concerns.**