

Request for Authorized Withdrawal

Detailed information on authorized withdrawal is provided online: umanitoba.ca/extended-education/student-supports

THIS SECTION TO BE COMPLETED BY THE STUDENT

Student Last Name:

First (Given) Name:

Student Number:

Course(s) taken in:

Fall 20

Winter 20

Summer 20

Full-Time Intensive Program Packages (ABA, ABM, AHRM)

Part-Time Programs

Other

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)

Have you spoken to a Program Coordinator (PC)?

yes

no

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

Please attach a letter and supporting documentation 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

<https://umanitoba.ca/student-supports/academic-supports/student-advocacy/authorized-withdrawal>

Signature:

Date:

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of processing your request for an authorized withdrawal. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

THIS SECTION TO BE COMPLETED BY THE DEAN'S OFFICE OR DELEGATED AUTHORITY

Authorized Withdrawal has been:

Approved

Denied

Modified

Signature:

Date:

Comments: