

Student Number	Last Name	First Name
Permanent Address	City	Province
Telephone No.	Postal Code	
Current Year of Study	Email Address	
	Program	

TYPE OF WITHDRAWAL: Course Withdrawal (withdrawal from classes listed below)
 (Check one) Complete Withdrawal (withdrawal from all classes)

	Subject Code & Catalogue No.	Course Name	Unit Value
1.			
2.			
3.			
4.			
5.			

Comments: Students may wish to attach or add information however approval for a medical withdrawal is based on the Physician's recommendations and the academic considerations requested.

I request medical withdrawal as indicated above and supported by the attached documentation. Permission is granted to contact any of the documentation/information providers. I confirm that information provided is accurate and complete, and I understand that falsification may lead to a charge of breach of academic honesty. Requests will not be considered without Physician's Statement. An approved medical withdrawal cannot be reversed.

Physician's Statement Attached

Student's signature (I acknowledge that I understand the above statement)

Date

Office Use Only:	
Campus Registrar signature	Pro-rate as of this date

Physician's Statement

Section 1: To be completed by the student. Return form to the Campus Registrar with your Request Form

Physician's Name		Patient's Name (if other than student)	
Address		Student's Name	
City Province	Postal Code	Student Number	
Telephone No.	Fax Number	Program & Campus	

I authorize my physician to release to the Nova Scotia Community College the information requested on this form.

Signature of Student/Patient	Date:
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Section 2: To be completed by the Attending Physician

The above named student, who is registered at NSCC, has requested a medical withdrawal based on serious illness or injury. The student/patient is authorizing you, the attending physician, to release the information requested below. You may wish to retain a copy of this form for your files as your office may be contacted to verify that this statement was completed by the attending physician. The original form must be returned to the student for submission with the request.

Please Print

1. **Date you received this form:** _____

2. Consultation Date(s)	Date(s) of Illness	Nature of Illness	Treatment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. **Duration of Illness/Injury:**

(a) To the best of your knowledge, when did the illness start or the injury occur? _____

(b) To the best of your knowledge when will the student be able to resume his/her studies? _____

4. **Effects:** Do you think that the illness and/or injury would have SERIOUSLY affected the student's ability to study and will prevent him/her from completing their studies? NO YES If yes,

(a) in what way? _____

(b) during what period of time? _____

5. **Further comments:** _____

Physician's Signature	Physician's stamp
Date:	

Nova Scotia Community College Medical Withdrawal Procedure

Introduction

- **NSCC recognizes that although students enrol in programs with the best intentions to successfully complete their studies, sometimes a serious illness or injury occurs which impedes this progress. In some extenuating situations academic and financial accommodations may be considered. Because the decision to withdraw has far-reaching ramifications, the student should receive advising from Student Services when considering withdrawal.**

Process

- Students considering a medical withdrawal should meet as soon as possible with a representative from Student Services to explore potential options such as learning contracts, online or part time studies to enable the student to continue his/her studies. If an alternate delivery option is not appropriate and it has been determined the student can not continue to complete the program, then it is the student's responsibility to request a **Medical Withdrawal Request** and a **Physician's Statement** form.
- Students should discuss with Student Services the implications of withdrawal with regard to Student Assistance and/or on current sponsorship agreements if applicable.
- Future re-admission can be discussed at this time if appropriate and requested by the student. If there are any conditions placed on the student's return to studies, they should be provided to the student in writing and added to the student electronic record.
- The **Medical Withdrawal Request** should be completed and returned to the Campus Registrar's Office as soon as it is determined the student is withdrawing. The attached **Physician's Statement** must be completed by the attending physician and submitted to the Campus Registrar within a month of the withdrawal date. These two documents are required to complete a Medical Withdrawal.
- Once the Campus Registrar receives the two forms the medical withdrawal application is complete and the Campus Registrar will notify the student and the Manager, Administrative Services of the decision.
- If a student has been able to successfully earn passing grades for courses taken during a semester in which they are requesting a withdrawal, these grades will remain and the student's refund would be minus the tuition for those course(s).
- If eligible, the student will receive a tuition refund which is pro-rated according to the amount of time enrolled in the semester prior to the withdrawal date (ranging from 95% to 0% refund). Refunds are **not** applicable for the Health and Dental Benefits or Student Association fees.
- This application and all accompanying documentation are confidential.

The medical withdrawal process has been reviewed. I understand the process and I am initiating the Medical Withdrawal process effective on the date noted below.

Student Name: _____ Student ID: _____ Date: _____