

REQUEST FOR COURSE WITHDRAWAL SUMMER SEMESTER

Are you requesting a complete withdrawal from the University?

Yes Complete the other side of this form. Do not use this side.

No Please complete the information below.

REFUND + GRADING POLICY: SUMMER SEMESTER

Withdrawal requests received:

- before the start of the third class: 75% refund, W grade assigned.
- after the start of the third class but before the start of the seventh class: no refund, W grade assigned
- after the start of the seventh class: no refund, F grade assigned

Non-attendance does not indicate a withdrawal. Failure to submit a withdrawal request will result in an F grade being assigned with no refund issued.

Student Name: _____

Student Number: _____

SUMMER SEMESTER TERM ONE (May to June): Please indicate the course(s) you wish to withdraw from:

COURSE CODE (I.E. AHIS 102)	SECTION (I.E. SU01)	COURSE NAME	NAME OF FACULTY	LAST DAY OF ATTENDANCE

SUMMER SEMESTER TERM TWO (July to August): Please indicate the course(s) you wish to withdraw from:

COURSE CODE (I.E. AHIS 102)	SECTION (I.E. SU01)	COURSE NAME	NAME OF FACULTY	LAST DAY OF ATTENDANCE

UPASS POLICY

- If you received a U Pass for Term One and are withdrawing from all Term One courses, you must return your U Pass before your withdrawal and any refund will be processed.
- If you received a U Pass for Term Two and are withdrawing from all Term Two courses, you must return your U Pass before your withdrawal and any refund will be processed.

What is your main reason for withdrawal (check one):

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Family Circumstances | <input type="checkbox"/> Emotional | <input type="checkbox"/> Conflict with instructor | <input type="checkbox"/> Course too challenging |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Physical | <input type="checkbox"/> Course does not meet expectations | <input type="checkbox"/> Course not challenging enough |
| | | | <input type="checkbox"/> Need to lighten course load |

Other: please specify reasons:

Student Signature: _____

Date: _____

OFFICE USE ONLY

UPASS # _____

UPASS returned: YEAR: 20 ____ MONTH: ____ DAY: ____

Tuition Refund: Yes ____%

Yes UPASS refund: \$30 \$60 \$90 \$120

Registrar's Signature: _____

Date: YEAR: 20 ____ MONTH: ____ DAY: ____

Copies to Financial Awards/Financial Services

REQUEST FOR COMPLETE WITHDRAWAL FROM THE UNIVERSITY SUMMER SEMESTER

(Do not complete this side unless you are withdrawing from ALL of your classes)

A complete withdrawal from the University after the official withdrawal deadline will only be considered upon submission of supporting documentation. Students on financial assistance should see the Financial Awards Advisor in order to discuss the implication of a withdrawal while on student assistance.

REFUND + GRADING POLICY: SUMMER SEMESTER

Withdrawal requests received:

- before the start of the third class: 75% refund, W grade assigned.
- after the start of the third class but before the start of the seventh class: no refund, W grade assigned
- after the start of the seventh class: no refund, F grade assigned

Non-attendance does not indicate a withdrawal. Failure to submit a withdrawal request will result in an F grade being assigned with no refund issued.

UPASS POLICY

If you received a U Pass this semester, you must return it before your withdrawal and any refund will be processed.

Student Name: _____

Student Number: _____

Last Day of Attendance: _____

What is your main reason for withdrawal (check one):

- Family Circumstances
- Financial

Medical

- Emotional
- Physical

School Related

- Conflict with instructor
- Course does not meet expectations
- Course too challenging
- Course not challenging enough
- Need to lighten course load

- Other: please specify reasons:

Do you intend to return to studies at Emily Carr University within the next year?

- No
- Yes If yes, in what semester do you intend to return? Fall Spring Summer Year: 20 ____ ____

Please note that a leave from the University will only be granted for a maximum of one year

Student Signature: _____

Date: _____

OFFICE USE ONLY

UPASS # ____ ____ ____ ____

UPASS returned: YEAR: 20 ____ ____ MONTH: ____ ____ DAY: ____ ____

Tuition Refund: Yes ____%

Yes UPASS refund: \$30 \$60 \$90 \$120

Registrar's Signature: _____

Date: YEAR: 20 ____ ____ MONTH: ____ ____ DAY: ____ ____

Copies to Financial Awards/Financial Services