OFFICE OF THE REGISTRAR

Office of the Registrar
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Edmonton, Alberta T5G 3H1
Phone: 780.471.6248 Toll Free: 877.333.6248
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COMPASSIONATE WITHDRAWAL REQUEST FORM

When extraordinary circumstances beyond the student's control, such as a critical medical condition, prevents a student from following the regular drop or withdrawal timelines, a student may submit a **Compassionate Withdrawal Form** to request a withdrawal without academic penalty and a pro-rated refund. Compassionate Withdrawal must be approved by the Registrar or designate.

- Please note that a withdrawal may impact your funding. Learn more by contacting the Student Service Centre.
- **For international students:** If you cannot study due to extraordinary circumstances beyond your control, in addition to submitting this form, you will need to contact an International Academic Advisor about an Authorized Leave of Absence to protect your status in Canada.

For complete information regarding compassionate withdrawals, including submission requirements, limits, and other important considerations, please refer to section 3.6 in the AD 2.4 Cancellation and Withdrawal procedure (pdf).

PART 1 — COMPLETED BY STUDENT (all fields are mandatory):

Student Name: (Last, First)	Student Number:	Program:
Phone Number:	**Email:**	

I request to a compassionate withdrawal for the following course(s):

Course Number	Course Name	Term	Last Date of Attendance

☐ Yes, page 2 of this form has been completed by an attending professional; if you do not supply this page, your request will be denied.

☐ I certify that I was unable to attend the above-listed course(s) as of the dates indicated above due to extraordinary circumstances beyond my control. I consent to my healthcare provider releasing the information relative to this specific request to NAIT for special consideration.

Student signature: _____ **Date** *(MM/DD/YY)*: _____

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PART 2 — COMPLETED BY ATTENDING PROFESSIONAL (all fields are mandatory):
(ex: Aboriginal Elder, case manager, counsellor, lawyer, nurse practitioner, physician, physiotherapist, psychiatrist, social worker, etc.)

☐ I certify that this student has been under my care for medical or other reasons which have or will significantly inhibit their ability to successfully complete the course(s) noted in Part 1. The student has not been able to attend classes since _____ *(Date: MM/DD/YYYY).*

☐ I recommend compassionate withdrawal for the courses noted in Part 1 for the following reasons:

Reasons:

Full Name (please print):	**Professional Title:**
Signature	**Date**
OR attach company stamp/business card	

HOW TO SUBMIT:
Complete part 1 & 2 of this form. Upload completed form and all supporting documentation to the online Contact Form – select ***Form Submission*** tile and then **Compassionate Withdrawal**.

PART 3 – TO BE COMPLETED BY THE REGISTRAR:

☐ Compassionate Withdrawal Granted

☐ Compassionate Withdrawal Denied

Name: _____

Signature: _____ **Date:** _____