

**TRU Enrolment Services** 805 TRU Way, Kamloops, BC V2C 0C8 tru.ca | Fax: 250-852-6405 Email: es-supervisor@tru.ca

### (Policy ED 3-0) IV. Withdrawal in Extenuating Circumstances

\* Students who miss the withdrawal deadline may be eligible for a withdrawal if they can satisfy the Registrar that they have suffered illness or other extenuating circumstances beyond their control. The withdrawal request must be accompanied by appropriate documentation, as determined by Enrolment Services.

\* Generally, the circumstances that qualify for a withdrawal in extenuating circumstances will affect all courses in which a student is enrolled. For this reason, most requests are for a complete withdrawal from all courses. However, requests for selective withdrawal may be considered if the student can demonstrate the reasons why one course was affected but another was not.

\* Requests for withdrawal in extenuating circumstances must be received before the last day of classes for the request to be considered. However, if the documented circumstances demonstrate that a timely request was not possible, a retroactive withdrawal may be considered. Note: In most situations, students who have written the final exam or completed all course requirements are not eligible for a withdrawal in extenuating circumstances.

\* A refund of a portion of the tuition fee may be granted for eligible withdrawals depending on enrolment status (e.g. Domestic or International).

\* The decision of the Registrar is subject to appeal (see Policy ED 4-0).

NAME				TRU STUDENT NUMBER						
MAILING ADDRESS										
CITY / TOWN / VILLAGE										
PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY	PRIMARY TELEPHONE NUMBE	R	Local					
			Area Code							
EMAIL ADDRESS (print clearly)										
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## STUDENT'S SIGNATURE

DATE

List all courses for which you are applying for a withdrawal						
SUBJECT	COURSE #					
SUBJECT	COURSE #					
SUBJECT	COURSE #					
SUBJECT	COURSE #					
SUBJECT	COURSE #					

# YOU MUST INCLUDE:

- This form completed and signed
- A brief personal letter explaining the reasons for your application (maximum two pages)
- If you are requesting a partial withdrawal, a detailed explanation on why some courses are included and not others.
- All relevant supporting documentation in English. Examples: health care provider note, obituary, death certificate, etc.

# Submit form by fax 250-852-6405 or email es-supervisor@tru.ca

## **Privacy Notification**

Thompson Rivers University (TRU) collects, uses, discloses and retains personal information in compliance with the BC Freedom of Information and Protection of Privacy Act (the FIPPA). Your personal information is being collected under Section 26(c) of the FIPPA for the purpose(s) of admission, registration, record keeping, statistical research, or program evaluation and for purposes consistent with the administration of the University and its programs and services including the programs of student societies/student unions, alumni associations and the Thompson Rivers University Foundation.' Questions about this privacy notice can be directed to the Privacy Officer at privacy@tru.ca ,or by calling 250-828-5012, or by post to: TRU Privacy Office, 805 TRU Way Kamloops, BC V2C 0C8