



## Request for Retroactive Withdrawal from a Course

**IMPORTANT:**

We understand that circumstances may arise in a student's life that make it difficult or even impossible to withdraw from a course prior to the official deadlines. We will consider your request under these conditions.

Please submit your request to the Student Services Centre. The Committee's decision will be communicated to you by email. Please note that all correspondence must be done via your uOttawa email account\*.

**IMPACT OF COURSE WITHDRAWAL ON YOUR OTHER SERVICES****Financial Aid and Awards**

If your academic status changes from full time to part time, you may no longer be eligible for financial aid and you may not be able to renew scholarships for the next term. For more information, please contact [Financial Aid and Awards](#).

**Housing**

Dropping courses does not cancel your room reservation or residence agreement. To learn how to cancel a room reservation, or how to obtain an early termination, please consult the [Housing Service](#) website.

**CO-OP program**

Dropping a course could have an impact on the sequence of courses and placements that you must follow as a CO-OP student, as well as on your student status (from full time to part time). It's important to contact your faculty to determine the impact of dropping a course on your CO-OP sequence. For more information, contact the [CO-OP office](#).

<b>Surname</b>		<b>First name</b>	
<b>Student number</b>		<b>uOttawa email</b>	
<b>Course code &amp; section</b>	<i>(ex. ADM1300 A00)</i>	<b>Term &amp; year</b>	<i>(ex. Fall 2020)</i>
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**\*\*What are your reasons for requesting for a course withdrawal after the official deadlines? Max. 30 words**

<b>Have you discussed this request with an Academic Specialist? If yes, with whom and on which date?</b>	Academic Specialist	Date
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**Justification of request**

Use a maximum of two additional pages to clearly and concisely justify your request. Please mention of whether you're just requesting a course withdrawal or a course withdrawal with reimbursement.

**Supporting official documents** (please submit with this form)

<input type="checkbox"/> Medical certificate	<input type="checkbox"/> Other (please list below)

<b>Date</b>	<b>Signature**</b>
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\*\*If you are sending your request by email via your uOttawa account, please include your name and student number in the message.

**For internal use only**

Date received		<input type="checkbox"/> Granted	<input type="checkbox"/> Refused
Preparation		Reason for refusal	
Committee date			
Notes			
Message to student			
Comments			