

Consideration for Late Withdrawal Form

Registrar's office University of Ontario Institute of Technology 2000 Simcoe Street North, Oshawa, ON L1H 7K4 Canada Tel: 905.721.3190 www.uoit.ca

	his form is used for students who wish to be rriting no later than 10 working days after the							ubmitted	d in	
th fu	This form must be completed in full with a detailed reason/explanation and including a completed UOIT medical statement (if applicable). If the request is for bereavement reasons, you must provide a copy of the newspaper notice, death certificate, or documentation provided by the funeral director. Once complete, the form is submitted to the Registrar's office. Please note: Incomplete forms will not be accepted.									
WHEN? T	The length of time for requests for late withdrawal to be processed is normally three weeks. During peak times, processing time may be lost									
Last name		First name			Student number					
Program		Email address		@uoit.	.net	Term				
WITH A COM	TE BELOW THE REASON FOR YOUF IPLETED UOIT MEDICAL STATEMEN E NUMBER IN THE INFORMATION I	IT. IF YOUR APPI	EAL IS FOR A COUR	SE, PLEASI	E CLEAR					
	Student's signature				Date					
SIGN HERE	NOTE: THIS FORM WILL NOT BE PROCESSED UNLESS IT IS SIGNED AND DATED									
Associate/Assistant Registrar's signature			Appeal decision Approved Denied Comments:	Credit/Refund amount if applicable						
FOR OFFIC										
Processed	by:		Date:							

Personal information on this form is collected under the authority of the University of Ontario Institute of Technology Act, SO 2002, c. 8, Sch. O. and will be collected, protected, used, disclosed and retained in compliance with Ontario's Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31. This information will be used for education, administrative and statistical purposes and to administer registration within the University. Questions regarding the collection of your personal information may be directed to the Registrar, 2000 Simcoe Street North, Oshawa, ON L1H 7K4, 905.721.3190, email: registration@uoit.ca.

 $If you \ require \ this \ information \ in \ an \ alternative \ format \ due \ to \ disability, \ please \ email \ records@uoit.ca.$