

# Undergraduate Backdated Withdrawal Request

NOTE: Please ensure this form is filled out in its entirety.

## INSTRUCTIONS

Email completed forms and supporting documents to [Records@brocku.ca](mailto:Records@brocku.ca) from your Brock email. Scanned and clear photos of the documents will be accepted.

A backdated withdrawal is an academic appeal. All withdrawals are subject to a withdrawal charge, assessed as per the University's withdrawals and refunds policies and procedures outlined at:

[brocku.ca/safa/drops-withdrawals-and-refunds/](http://brocku.ca/safa/drops-withdrawals-and-refunds/)

## STUDENT INFORMATION

First Name:	Brock Student ID Number:
Last Name:	Program:
Address:	Telephone:
City: Province:	Cell Number:
Postal Code:	Email: @brocku.ca

*\*All communication regarding your request will be sent to your Brock email address. It is your responsibility to check your Brock email. It is equally vital that you provide accurate mailing information, as this is where appeals documentation will be sent.*

## APPEAL INFORMATION

Select the appeal type in which you are applying (check one).

Compassionate      Medical      Other: \_\_\_\_\_

Information on academic regulations and university policies regarding appeals can be found at [brocku.ca/webcal/current/undergrad/areg.html](http://brocku.ca/webcal/current/undergrad/areg.html)

Please ensure this form is filled out in entirety and attached to the following **required** documents in order to be considered for this request.

Please review my case for fee considerations.

Fee refund appeals will not normally be heard past 6 months after the semester in which the fees were posted unless supported by the Registrar and Dean of the Faculty. I have read and understood the financial appeals procedure and I acknowledge that the decisions of the Student Fee Appeal Committee are final. Review the financial appeal procedure at: [https://brocku.ca/safa/wp-content/uploads/sites/22/2018\\_09\\_05\\_Fee\\_Appeal\\_FINAL.pdf](https://brocku.ca/safa/wp-content/uploads/sites/22/2018_09_05_Fee_Appeal_FINAL.pdf)

## DECISION - For Office Use Only

Approval:	REG      DEAN	Denial:	Other:	Initial:
	BDW      DROP      737	DOCS      GNDS		Date:
Effective Date:				
Comments:				
Records:				

## 1. WRITTEN STATEMENT - *Attach and upload separately*

An explanation as to why you were unable to drop/withdraw from your course(s) within published university deadlines is essential.

Provide a detailed timeline of events that coincides with your documentation.

***\*A written statement is mandatory***

## 2. COURSE INFORMATION

I am requesting all courses to be retroactively withdrawn from \_\_\_\_\_ OR  
year session

I am requesting the following courses:

Subject	Course No.	Duration	Section	Year	Session	Withdraw
1.  _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	
2.  _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	
3.  _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	
4.  _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	
5.  _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	

If my request is denied I would still like to be withdrawn. ***\*\*Only applicable if the request was received before the last day to withdraw without academic penalty.***

## 3. STEPS TAKEN ON THIS MATTER

What steps have you taken (i.e. visit an academic advisor, see the professor) to avoid this action? Please include and upload supporting emails or documented in-person communication.

## 4. SUPPORTING DOCUMENTATION OUTLINE

Please list supporting documentation you have included in this request. Documentation must be official, substantive and clearly show the relationship between not meeting the deadline for withdrawing from your course(s) and the medical and/or compassionate circumstances cited.

Examples of acceptable documents include but are not limited to:

- A letter from a division of Student Wellness & Accessibility Centre (ie. Student Accessibility Services, Student Health Services, Personal Counselling Services)
- A letter from your Doctor (not a prescription)
- An official death certificate, published obituary notice or original note from a funeral home citing your relationship to the deceased
- A copy of an airline ticket in your name (in the event of an emergency situation)
- An eviction notice
- Other - please specify as they relate to your situation

Date	Document Type
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

**5. SUPPORTING DOCUMENTATION - *Attach and upload separately***

Please attach and upload all relevant documents that pertain to your request. **Make sure to keep a copy of all original documents for your records. Scanned copies and photos of the documents will be accepted.**

**6. SIGNATURE AND DECLARATION**

I have read and understood the Backdated Withdrawal Request Policy found at [brocku.ca/webcal/current/undergrad/areg.html](http://brocku.ca/webcal/current/undergrad/areg.html). I certify that the documents I have submitted are authentic and that the statements I have made are true, and I acknowledge that the submission of false documents or statements is a violation of the Brock University Academic Integrity Policy. I confirm that I have submitted all relevant information pertaining to this appeal.

I understand that this information will be treated in a confidential manner. I understand that, other than material presented by me, and any relevant academic records, no other materials will be considered. Please type your name in the signature box.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Protection of Privacy:** The information gathered on this form is collected under the authority of the Brock University Act, 1964. The information is used for the academic, administrative and statistical purposes of the University. This information is protected and is being collected in accordance with the Freedom of Information and Protection of Privacy Act. Questions regarding the collection or use of this personal information should be directed to the Registrar at the Office of the Registrar, 3rd floor, Schmon Tower, Brock University or see [www.brocku.ca/registrar](http://www.brocku.ca/registrar).