

Application for Retroactive Withdrawal

Academic Program:

- | | |
|---|--|
| <input type="checkbox"/> Astrophysics | <input type="checkbox"/> Forensic Science Diploma |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Geography |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Geology |
| <input type="checkbox"/> Computing Science | <input type="checkbox"/> Mathematics and Computing Science |
| <input type="checkbox"/> Computing Science and Business Admin | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Engineering Diploma | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Math Education Certificate |
| | <input type="checkbox"/> B.Sc. Undeclared |
| | <input type="checkbox"/> B.A. |
| | <input type="checkbox"/> B.Comm. |
| | <input type="checkbox"/> B.E.S |

Submit to: Science Advising Centre (AT301)

Important: Please provide your name and current address for reply. (Please Print Clearly)

Student Name: _____ Student Number: A _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

1. Course Name, Number and Academic Term

2. Please outline your request along with the reasons for it, and provide any information you think will assist in making a decision. (If appropriate, please attach supporting documents, e.g. medical note, letter from class instructor, etc.)

Signature of Student Date

FOR OFFICE USE ONLY

Approved

Not Approved

Effective Date: _____

*Comments: _____

Authorized Signature: _____

Date Signed: _____