

# APPEAL FOR LATE WITHDRAWAL FROM CONTINUING EDUCATION PROGRAMS & COURSES

UFV Continuing Education's refund and withdrawal policies allow students to withdraw from programs or courses with a partial refund or no refund, depending on the date the withdrawal was initiated. Students may use this form to appeal these policies if they are experiencing extenuating circumstances beyond their control that have prevented them from completing their program or course and/or from withdrawing by the deadline.

Appeals are considered only after a student has completed and submitted this form, along with a detailed written explanation of their reasons for special consideration and any other relevant supporting documentation. Appeals must be submitted before the end of the program or course from which the student is withdrawing.



Continuing Education

Clearbrook Centre  
32355 Veterans Way  
Abbotsford, BC  
V2T 0B3

Email: [continuingeducation@ufv.ca](mailto:continuingeducation@ufv.ca)  
Phone: 604-851-6324

## To submit an appeal, complete the following steps:

1. Fill out this form.
2. Write and sign a request letter outlining the reasons for your appeal in detail.
3. If withdrawing for medical reasons, fill out and attach a Medical Certificate form signed by a doctor.
4. Submit the completed form, request letter, Medical Certificate form (if applicable), and any other supporting documentation by email from your UFV email account to **continuingeducation@ufv.ca**.

**Please note:** If the withdrawal is approved, a "W" may show on your transcript. This does not affect your GPA.

**IMPORTANT:** If you have a student loan, a withdrawal may affect the status of your loan. Please discuss your withdrawal with Financial Aid & Awards prior to submitting this request.

|  |                                    |                           |                               |
|--|------------------------------------|---------------------------|-------------------------------|
| <b>P<br/>E<br/>R<br/>S<br/>O<br/>N<br/>A<br/>L</b> | UFV student number                 | Student's full legal name |                               |
|  | Birthdate<br>Y Y Y Y   M M M   D D | Telephone number          | Semester of request           |
|  | Student's signature                |                           | Date<br>Y Y Y Y   M M M   D D |

|  |   |
|--|---|
| <b>R<br/>E<br/>Q<br/>U<br/>E<br/>S<br/>T<br/>E<br/>D</b> | <input type="checkbox"/> I am appealing to be withdrawn from all registered courses for the semester indicated above.   |
|  | <input type="checkbox"/> I am appealing to be withdrawn only from specific courses listed below, for the semester indicated above.<br><i>Note: Selective withdrawal (staying registered in a course) is only granted in unusual circumstances and only considered after the appellant has described how the extenuating circumstances affected some courses and not the others.</i> |

| <b>C<br/>O<br/>U<br/>R<br/>S<br/>E<br/>S</b> | List courses affected by this request |        |                    |
|--|---------------------------------------|--------|--------------------|
|  | CRN                                   | Course | Last Date Attended |
|  |                                       |        |                    |
|  |                                       |        |                    |
|  |                                       |        |                    |
|  |                                       |        |                    |

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY. The information on this form is collected under the authority of British Columbia's Freedom of Information and Protection of Privacy Act [(RSBC 1996) chapter 126] and the University Act. This information is used only in making a decision on the request for course withdrawal for extenuating circumstances. If you have any questions about the collection and use of this information, contact the Enrolment Services Coordinator at 604-854-4501 or [reginfo@ufv.ca](mailto:reginfo@ufv.ca)

|                        |  |
|------------------------|--|
| <b>OFFICE USE ONLY</b> |  |
| Comments:              | Approved<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____                  | Date Received<br>Y Y Y Y   M M M   D D                               |
| _____                  |  |
| _____                  |  |