REQUEST FOR LATE WITHDRAWAL

This form must be submitted no later than the last day of classes for the Term

Name: ___________________________________________  Student Number: _____________________

Email: ___________________________________________  Phone Number: __________________________

Program & Level: _____________________________________________________________

Reason for request: ____________________________________________________________

NOTE: This request will not be considered until you have met with Shelley or Madeline.

<table>
<thead>
<tr>
<th>SUBJECT &amp; COURSE CODE</th>
<th>TERM</th>
<th>INSTRUCTOR</th>
<th>DATE &amp; TIME OF FINAL EXAM OR EQUIVALENT</th>
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You must read the following important information, check each box, and sign below:

❑ Requests for Late Withdrawal cannot be made in courses for which the final exam (or equivalent) has been attempted or completed. This also includes courses where a final grade has been assigned (e.g. clinical courses). Such requests will be cancelled or revoked if it is determined that I attempted or completed the final exam (or equivalent).

❑ I cannot use the Late Withdrawal option for courses in which I am under investigation or for which I have been found guilty of academic dishonesty.

❑ I understand that if Late Withdrawal is granted, I cannot re-enter this course in the same Term and/or complete the final exam (or equivalent).

❑ I understand misrepresentation of my academic situation may result in charges of academic dishonesty.

Course(s) approved for Late Withdrawal will be:
  • Assigned a non-numeric grade of LWD, in lieu of an alpha/numerical grade.
  • Excluded from the calculation of the GPA.
  • Ineligible for tuition refund. (You are responsible to understand how this late withdrawal will affect OSAP and scholarships.)
  • Restricted to a maximum of 18 units during an undergraduate degree.

The full Late Withdrawal Policy may be found in the General Academic Regulations section of the Undergraduate Calendar.

Student Signature: ___________________________________________  Date: _____________________

The information gathered on this form is collected under the authority of the McMaster University Act, 1975. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and being collected under section 39 (2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario. Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall 209, McMaster University.

FOR OFFICE USE ONLY

❑ Met with Shelley or Madeline  Date: _____________________
❑ Approved
❑ Denied
❑ Alternate recommendation made – See Notes below

Notes:

Authorizing Signature: ___________________________________________  Effective Date: _____________________