

## Request criteria

The “received” date that is applied to the **request for college withdrawal form**, indicating when it is received at the Office of the Registrar, is considered the official request date. This form must accompany any health related withdrawals for special consideration as outlined in section 3.5 of Georgian College’s academic regulations located on the college website.

Both pages of this form must be completed in full in order for the student to be given consideration, and received by the Office of the Registrar within one (1) month of submitting the request for college withdrawal form.

## Section one – to be completed by the student

<b>Regulated health professional information</b>		
Regulated health professional's name		
Address		
City	Province	Postal code
Telephone number	Fax number	

I hereby authorize the listed regulated health professional to provide this report, as attached, to Georgian College. I understand and accept that my medical withdrawal request will be considered per section 3.5 of Georgian College’s academic regulations.

Patient's name (if other than the student) Relationship to student	Student's name
Student ID number	Email
Home phone number	Cell phone number
Student's signature/Patient (if other than the student)	Date (mmddyyyy)

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT:** Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration and evaluation of the medical verification for withdrawal consideration.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at [ROrecords@GeorgianCollege.ca](mailto:ROrecords@GeorgianCollege.ca) or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at [AccessPrivacy@GeorgianCollege.ca](mailto:AccessPrivacy@GeorgianCollege.ca) or 705.728.1968 ext., 5770.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date (mm/dd/yyyy)

## Section two – to be completed by the attending regulated health professional

The above named student, who is registered at Georgian College, is requesting special consideration on medical grounds. The student or patient is authorizing you, as the attending and appropriate regulated health professional, to release the information requested below.

*Continue to next page*

The patient (if other than the student) must be an immediate family member whose condition would have a significant impact on the student's ability to continue their studies. Please retain a copy for your files as we may contact your office to verify that this form was completed by the attending regulated health professional.

The original form must be returned to the student for submission to the Office of the Registrar.

1. Date you received this form: \_\_\_\_\_

2. Date range under your care for this illness/injury: \_\_\_\_\_

3. Date of onset of the illness/injury or acute period if chronic: \_\_\_\_\_

4. Does the illness/injury and/or treatment prevent or seriously affect the student's ability to carry out their studies?

Yes  or No

If yes: In what way? \_\_\_\_\_

During what period of time \_\_\_\_\_

5. Do you feel the student is able to continue their studies for the remainder of this term?

Yes  or No

6. When will the student be able to resume their studies? \_\_\_\_\_

7. Do you have any further comments as it relates to the student's request for special consideration?

\_\_\_\_\_

\_\_\_\_\_

Regulated health professional's signature	Regulated health professional's stamp
Professional designation	
Date (mmdyyyy)	

Note: this form may be emailed, delivered by postal service or in person to the address information listed below.

For office use only	
Verified by	Date