REQUEST FOR RETROACTIVE WITHDRAWAL

GENERAL INFORMATION

- A request for retroactive withdrawal based on compelling medical or personal reasons must be made to the School of Nursing within 12 weeks of the last day of classes.

- A request for retroactive withdrawal is applicable for students who wish to withdraw from one or more courses after the last day for enrollment changes and the last day for cancelling courses without failure by default. These deadlines can be found in the McMaster University Undergraduate Calendar under ‘Sessional Dates’.

- A request for retroactive withdrawal must be accompanied by supporting documentation outlining the reason(s) the student was not able to withdraw on the last day for cancelling courses without failure by default, and/or the medical reason(s) or compassionate grounds which make it impossible for the student to complete the course.
  - Examples of documentation include: McMaster Student Health Certificate, doctor’s note, obituary, funeral card, police report, letter from faith leader or therapist, etc. The McMaster Student Health Certificate can be found at: http://nursing.mcmaster.ca/documents/MUSHCmedicalform.pdf
  - If additional documentation is required upon review of the request, the School of Nursing will contact the student.

- When adding, dropping, and withdrawing from courses, the student is responsible for any effects to their course sequencing, full-time/part-time status, fees, and eligibility for graduation, scholarships, and financial aid. Students who are receiving or intend to apply for government student financial assistance (e.g. OSAP) must contact the Student Financial Aid Office at their site immediately if the retroactive withdrawal request is granted as this may impact their current assessment or future eligibility for funding.

- A request for retroactive withdrawal is not an appeal for a tuition refund. Please see the McMaster Student Accounts & Cashiers Cancellation Fee Schedules at http://www.mcmaster.ca/bms/student/SAC_cancellation_UG.html

- Decisions regarding Requests for Retroactive Withdrawal are final. In accordance with the Student Appeal Procedures, decisions made on Requests for Retroactive Withdrawal cannot be appealed to the Senate Board for Student Appeals. If a student feels his/her human rights have been violated, they may contact Human Rights & Equity Services in Room 212 of the McMaster University Student Centre, to initiate a complaint.

GUIDELINES FOR COMPLETING THIS FORM

- This form must be fully completed by the student and must be accompanied by supporting documentation (see above). Please submit the form and documentation to the appropriate site:
  - Mohawk & McMaster site students – BScN Program Office via email (bscnadvising@mcmaster.ca) or fax (905-570-0667)
  - Conestoga site students – Conestoga Academic Advising Office via email (aharrison@conestogac.on.ca) or fax (519-748-3562)
- The School of Nursing will review the request and notify the student via email once a decision has been reached.
REQUEST FOR RETROACTIVE WITHDRAWAL

This form must be fully completed by the student and submitted to the School of Nursing within 12 weeks of the last day of classes. Please read and follow the guidelines on page 1 of this form.

### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>McMaster ID #:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>McMaster Email Address:</th>
<th>Telephone Number:</th>
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<tbody>
<tr>
<td>@mcmaster.ca</td>
<td></td>
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<table>
<thead>
<tr>
<th>Site:</th>
<th>Level:</th>
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</thead>
<tbody>
<tr>
<td>□ McMaster □ Mohawk □ Conestoga</td>
<td>□ 1 □ 2 □ 3 □ 4</td>
</tr>
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<thead>
<tr>
<th>Program Stream:</th>
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<tbody>
<tr>
<td>□ Basic (A) □ Post RPN (E) □ Accelerated (F)</td>
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</tbody>
</table>

### COURSE INFORMATION

Please list the course(s) from which you are requesting retroactive withdrawal:

<table>
<thead>
<tr>
<th>COURSE CODE</th>
<th>YEAR</th>
<th>TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20__</td>
<td>□ Fall □ Winter □ Spring/Summer</td>
</tr>
</tbody>
</table>

1. 
2. 
3. 
4. 
5.

### REASON FOR REQUESTING RETROACTIVE WITHDRAWAL

Please outline the reason(s) you are requesting retroactive withdrawal from the above listed courses. Please explain:

a) how your attendance and ability in the course(s) were affected;
b) why you were unable to withdraw from the course(s) by the published deadline; and

c) if requesting selective withdrawal, why the circumstances did not affect your entire course load. You may attach additional pages if necessary.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

☐ I have read and understand the McMaster BScN Program Retroactive Withdrawal policies.

☐ I have attached supporting documentation and have clearly explained the circumstances of my request.

Student signature: __________________________ Date: ________________

### FOR OFFICE USE ONLY

☐ APPROVED  ☐ DENIED by: _______ Date: ________________

☐ LEAD(S) NOTIFIED by: _______ Date: ________________ Leads Contacted: ______________________

☐ MOHAWK COLLEGE NOTIFIED (if applicable) by: _______ Date: ________________

☐ DATABASE & MOSAIC UPDATED by: _______ Date: ________________

☐ EMAIL SENT TO STUDENT by: _______ Date: ________________

☐ REINTEGRATION PLAN FOR ☐ Fall 20__ ☐ Winter 20__ ☐ Spring/Summer 20__ ☐ Not applicable