



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: _____

SUBJECT & COURSE CODE	TERM	INSTRUCTOR	DATE & TIME OF FINAL EXAM OR EQUIVALENT

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, Financial Aid 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, 1976*. 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	
<input type="checkbox"/> Met with Academic Advisor (Name) _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Alternate recommendation made – See <i>Notes</i> below	
Notes:	
Authorizing Signature: _____	Effective Date: _____