APPLICATION FOR COURSE WITHDRAWAL WITH ASSOCIATE DEAN PERMISSION

Associate Dean’s withdrawals will only be approved if medical or exceptional personal circumstances have affected your ability to continue to complete your course(s).

Last Name: ________________________________

First Name(s): ________________________________

Student ID number: ________________________________

Email Address: ________________________________

1. Please indicate the reason for your application by ticking one of the boxes below

   (a) Personal or medical circumstances which have affected my study since the start of Week 10 of the trimester

   (b) Long-term medical or personal circumstances which have affected my study

2. Please record the date on which these circumstances started?

   __________________________________________

3. Describe briefly the circumstances which have led to this application. You must attach supporting documents.

   __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

Course(s) from which withdrawal is requested:

<table>
<thead>
<tr>
<th>Course code eg</th>
<th>Course registration number (CRN)</th>
<th>Trimester</th>
<th>Qualification</th>
<th>Course Co-ordinator Name</th>
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If you receive Studylink support, please consider the impact of this application on your Studylink contract.

Signature: ________________________________ Date: ________________________________