



Ashton College

Suite 410 – 1190 Melville Street, Vancouver, BC V6E 3W1 Telephone: 604-899-0803 Fax: 604-899-0830

Request for Compassionate Withdrawal

School of Business School of Part-Time Studies English Language Centre School of Continuing Education

Student Information:

Name: _____ **Student ID#:** _____

Program: _____ **Start Date:** _____

Final Date in Attendance: _____

Reason for Request: _____

Attachments:

___ Medical Certificate ___ Plane Ticket ___ Other: _____

I consent to Ashton College contacting the signatory of any supporting document to confirm or clarify the information presented therein. The request will not be processed until all supporting documentation has been submitted to the Office of the Registrar.

Refund: __ YES __ NO

Admissions Adviser: _____

I have read and understood the Compassionate Withdrawal Policy.

Student

Date

Administrative Use Only			
Registrar: _____	Vice President: _____	Approved: _____	Denied: _____
Received Date: _____	Received Date: _____	Decision Date: _____	
Notification Date: _____		04 / 10	