

Companies of Taxable

Faculty of Health, Community and Education

Requirement to Withdraw from Program (RTWP) APPEAL FORM

Student Information Last Name: (Family)	First Name: (Legal)	Middle Initial:
Last Name. (Family)	riist Nume. (Legal)	Widale Militar.
Student ID:	Phone:	
Student MRU Email:		
Program:	Semester: ☐ Fall (Sept-Dec) ☐ Wir	nter(Jan-Apr) Spring (May-Aug) Year:
Student Address:		Request 10 consecutive days to collect supporting documentation
Summary of Appeal		cincumstances. Calculations of the fallowing that
Appealing a Requirement to Withdr applies to your situation:	aw is permissible under certain established	circumstances. Select one of the following that
a) Medical illness and/or	severe emotional distress which has not previously or other certified health professional	viously been known. Such illness must be verified and attached to this form.
b) Other extenuating circuform.	umstances not previously known. Please des	cribe in a separate document and attach to this

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