

EXCEPTION REQUEST FORM

Students may request an exception for a missed drop or withdrawal deadline. These requests are for students who intended to drop or withdraw but experienced a circumstance that caused them to miss the term's published deadlines. Requests should be submitted as soon as possible after a missed deadline. Any requests submitted **more than one year** after the missed deadline will not be considered.

Complete all parts of this form and submit it to the Office of the University Registrar with the **required documentation** requested below. **Only complete submissions will be considered.** Although all requests will be considered, approval is not guaranteed.

PART 1: STUDENT INFORM MacEwan ID:	Name:
Missed Deadline:	Term(s) Related to Request:
Course(s) Related to Reque	est:
supporting documentation	riate category (A, B, or C) that applies to your situation and provide the necessary as stated in your selection.
	ımstance is medical in nature.
A significant medical of	condition occurred that prevented me from meeting the published drop or withdrawal esses will not qualify as extenuating circumstances.
	a letter from the medical professional(s) who has been attending to me, substantiating the
	ounding my medical circumstance.
	mstance is compassionate in nature.
my control.	reavement, serious illness within the immediate family, or devastating situations outside of
	d a copy of supporting documentation, one of:
	umentation for the immediate family member
☐ family mem	ber's obituary or death certificate
☐ other official	documentation confirming a devastating situation
☐ C) My situation is non-	extenuating
	hose outlined above are considered non-extenuating. You may be eligible for a one-time
only adjustment on yo	ur student record. Revisions to your record will not be considered if a previous exception
	ing your time enrolled at MacEwan University.
☐ This is my fir	st request for an exception to the drop or withdrawal deadlines.
PART 3: Describe the Acti	on You Would Like Taken on Your Student Record:
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Office of the University Registrar

Mailing Address: P.O. Box 1796, Edmonton, Alberta, Canada T5J 2P2

Phone: 780-497-5000 | Fax: 780-497-5001

Website: www.MacEwan.ca | E-mail: info@macewan.ca

PART 4: Please Explain the	Circumstances that Caused you to Miss the Deadline:
☐ I have included the supp	orting documentation requested in the category I selected.
☐ Declaration of Truthful In Submitting this form, I dec documents or information is Student Conduct.	ess are that the information provided is correct and complete. I understand that if alsified or fraudulent, my request may be denied, and I may be reported to the Offic
Signature:	Signature Date:
A typed name will be accepted if sent fro	m the student's @mymacewan.ca email account
OFFICE USE ONLY	
Decision:	FR:
Processed:	GR:
Support services available on campus:	
Student Affairs: 780-497-5063 – <u>studen</u>	taffairs@macewan.ca: SAMU Student Advocacy Centre: 780-497-5631 sapss@macewan.ca
	CLEAR FORM

PERSONAL INFORMATION COLLECTION NOTICE

The collection of the personal information requested in this form is authorized under section 4(c) of the Protection of Privacy Act (POPA). It will be used for administration of services and management of student records and will be entered into and retained in the official university student information system database. Questions about the collection and use of this personal information should be directed to the Associate Registrar, Student Records and Services, in the Office of the University Registrar, MacEwan University, at info@macewan.ca.