To Whom It May Concern

Thank you for reading my application for withdrawal.

I unexpectedly lost my adoptive father, Matthew Cuthbert, on October 20, 2017. He and his sister, Marilla, rescued me from the orphanage and raised me and helped me go to university. He was a wonderful man, kind and generous and I miss him horribly.

I didn’t want to let him down so I tried to finish my coursework but I have been unable to concentrate or even stop weeping and even attempting finals feels pointless now.

I asked Doctor Blythe to write a note attesting to my incapacities.

Thank you most sincerely for your consideration. I hope to continue my education in the future, once I recover. Thank you for your kindness and understanding.

Anne Shirley
xxxxx@sfu.ca
(000) 000-0000
Students applying for a “Withdrawal under Extenuating Circumstances” are asked to submit this form if it will support their application. ALL INFORMATION MUST BE IN ENGLISH OR AN OFFICIAL TRANSLATION PROVIDED.

APPLICANT

Student’s last name Shirley
First name Anne
SFU student # 000000000

HEALTH CARE PROVIDER

two years

How long has this student been a patient or client? 

Please list dates that this student has been attended by you for this personal concern or illness. 

October 25 and November 2, 2017

How does this condition prevent the student from attending all or some university courses, classes, etc.? 

poor sleep, unable to concentrate, distress due to grief

In your opinion, what date will this student be able to return to university studies?

January 2018

REMARKS

I strongly support Shirley’s request for a complete withdrawal until she has recovered from her grieving.

__________________________

Dr. Gilbert Blythe

Title

Name

Address 8888 High Street, Burnaby

Telephone (111) 111-1111

Signature

PLEASE NOTE THAT, IF THERE IS A CHARGE FOR COMPLETING THIS FORM, THIS IS THE RESPONSIBILITY OF THE STUDENT.

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY

The information on this form is collected under the authority of the University Act [RSBC 1996, C.408, s.27 (4)(a)]. This information is used only in making the decision to approve or deny your request for course withdrawal for extenuating circumstances. If you have any questions about the collection and use of this information, contact the Assistant Registrar, Senate and Academic Services, 778.782.5350.

By signing below, I, the applicant, consent to the collection and use of personal information about me as noted above. I understand that failure to consent may result in rejection of my application for withdrawal.

Signature ____________________________ Date ________________

SFU Health Care Provider Statement for Withdrawal

May 2015
<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration district</td>
<td>Alrington Dene</td>
</tr>
<tr>
<td>Sub-district</td>
<td>Alrington, County of Somerset</td>
</tr>
<tr>
<td>Date and place of death</td>
<td>Eighteenth, April 1913 East Retford Hospital, Retford</td>
</tr>
<tr>
<td>Name and surname</td>
<td>Arthur Vincent</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Maiden surname</td>
<td>Of woman who has married</td>
</tr>
<tr>
<td>Date and place of birth</td>
<td>22nd February 1888 Merthyr Tydfil, Glamorgan</td>
</tr>
<tr>
<td>Occupation and usual address</td>
<td>Retired Inspector, B.B. Board 42 Old Alrington Road, Retford</td>
</tr>
<tr>
<td>Name and surname of informant</td>
<td>C. A. Roy</td>
</tr>
<tr>
<td>Qualification</td>
<td>Son of deceased</td>
</tr>
<tr>
<td>Usual address</td>
<td>Danesboro Rd, Retford</td>
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<tr>
<td>Cause of death</td>
<td>1. Bilateral Basal Pneumonia 2. Previous Myocardial Infarction certified by J. S. T. public coroner West Somerset after post mortem without inquest</td>
</tr>
<tr>
<td>Date of registration</td>
<td>Twenty-second April 1913</td>
</tr>
<tr>
<td>Signature of registrar</td>
<td></td>
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</tbody>
</table>

Certified to be a true copy of an entry in a register in my custody.