**HEALTH CARE PROVIDER STATEMENT**

*For Undergraduate Student Course Withdrawals (WE)*

SFU Undergraduate students must submit a Health Care Provider statement form with all applications to withdraw under extenuating circumstances (WE) due to medical, and in some cases, compassionate reasons. *(All information must be in English.)*

See WE Guidelines:
http://www.sfu.ca/students/appeals/withdrawals/WE_guidelines.html

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### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>SFU Student number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name</td>
<td>Surname</td>
</tr>
</tbody>
</table>

### TO BE COMPLETED BY HEALTH CARE PROVIDER

- **How long has this student been a patient or client?**
- **On what date(s) has health care been provided to this student for this condition?**
- **How does this health condition prevent the student from participating in university studies (e.g., submitting assignments, participating in group or in-class projects, requesting a deferral for assignments, writing midterms, and/or final exams)?**
- **In your opinion, when will this student be able to return to university studies?**
- **Comments:**

<table>
<thead>
<tr>
<th>Health Care Provider signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Provider name</td>
<td>Clinic name</td>
</tr>
</tbody>
</table>

**NOTE:** Any fees associated with the completion of this form are the student’s responsibility.

### STUDENT STATEMENT

I consent to the collection and use of personal information about me as noted above. I understand that failure to consent may result in denial of my application for a withdrawal under extenuating circumstances due to medical and/or compassionate reasons.

| Student Signature | Date |

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*Senate and Academic Services | withdrawal@sfu.ca | P: 778-782-6883 | F: 778-782-5732 | sfu.ca/students/appeals/withdrawals.html

**Freedom of Information and Protection of Privacy**
The information on this form is collected under the authority of the University Act (RSBC 1996, c. 468) and is needed to adjudicate your withdrawal under extenuating circumstances application. If you have questions about the collection, use and disclosure of this information, please contact the Senate and Academic Services office at 778-782-6883 or by email to withdraw@sfu.ca.

Revised May 2018