

Refund/Deferral Appeal Form

Continuing Studies

STUDENT INFORMATION	
Last Name	First Name
Langara ID #	Email
Mailing Address (Unit #, Street, City, Province, Country)	
<input type="checkbox"/> International Student <input type="checkbox"/> Domestic Student	Program Name:

TYPE OF APPEAL
<input type="checkbox"/> Refund <input type="checkbox"/> Deferral from _____ term to _____ term
Exceptional reason must be provided: <input type="checkbox"/> Medical Reason (<i>A medical professional must complete Appendix A</i>) <hr/> <hr/> <hr/> <hr/> <input type="checkbox"/> Other, please specify: <hr/> <hr/>

Declaration - By signing this form, I confirm that: * I have read the Langara Continuing Studies refund/deferral policy in my program area * I confirm that all information provided on this form is accurate * I understand that some fees are not eligible for refund e.g. Wire Transfer fee	
Student Signature	Date

OFFICE USE ONLY			
Eligible for refund : <input type="checkbox"/> Yes Total Refund: CA\$ _____ <input type="checkbox"/> No, write reason in comments		Deferral: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
CRN(s):	<input type="checkbox"/> Full Amount <input type="checkbox"/> Minus commitment fee/admin fee CA\$ _____ <input type="checkbox"/> Minus \$70 wire fee	<input type="checkbox"/> Refund to student or third party <input type="checkbox"/> Defer to future term/session <input type="checkbox"/> Transfer to Regular Studies <input type="checkbox"/> Hold as credit in student account	
Signature on behalf of appeal committee:	Date	Comments	

Appendix A:

An appropriate listed professional is an Indigenous Elder, a physician, dentist, clinical psychologist, or nurse practitioner who is currently registered with their professional college as listed in the Health Professions Act; or an equivalent registered professional from elsewhere in Canada. If the student is residing outside of Canada, the appropriate professional must be registered with that country's regulatory body for their profession.

1. Due to extenuating circumstances, this student is unable to attend classes and complete coursework on the dates: From: _____ to _____

2. I feel it necessary for the student to completely withdraw from all studies from the current semester

YES NO

3. This student was first seen by me for this extenuating circumstance on: _____

4. Reason(s) for withdrawal (confidential):

Professional's Full Name: _____ Signature: _____

Professional's Title: _____ Date: _____

Stamp or Print Professional's Name and Address: