



**FORMAL REQUEST TO APPEAL THE REQUIREMENT
TO WITHDRAW FROM THE UNIVERSITY**

(This form must be signed and attached to your appeal)

Surname: _____

Given Names (in full): _____

Student Number: _____

Street Address: _____

City/Province: _____

Postal Code: _____

Phone Number: _____

Western e-mail address: _____

"I agree to the use of my Western e-mail address for correspondence related to this academic appeal."

Signature

Date

"I certify that all of the information included within this appeal is true and complete"

Signature

Date