Requirement to Withdraw Waiver Request

Faculty of Applied Science
Office of the Dean

Submit by email to:
engineering.reception@queensu.ca

Fillable Form. Please ensure that ALL sections of the form are completed.

PLEASE NOTE:

- Completed application and all supporting documentation must be submitted to the Faculty Office within 14 days of the date of the official notification of the requirement to withdraw.
- Review the 'Regulation Waivers and Appeals' process on-line at http://appsci.queensu.ca/studentinfo/forms/guidelines.php

Personal Information			
	Last Name	First Name:	Student Number:
	Phone Number:	Program and Year:	Option:
	Queen's Email Address:	Student Signature:	Date:

Personal information collected on this form is collected under the authority of the Royal Charter of 1841, as amended.
The information collected on this form may be retained in the student's file, will be used to process this request, and will be shared with Queen's personnel who need the information to perform their duties. If you have any questions about the information collected or how it will be used, please contact the Freedom of Information and Protection of Privacy Coordinator, Faculty of Engineering and Applied Science, Beamish- Munro Hall, Rm 300, or phone 613-533-2055.

Supporting Documentation

Please Note that this request must be accompanied by a letter stating why the 'Requirement to Withdraw' regulation should be waived. In this letter you should address the issue of your poor academic performance, and provide a review of the factors you feel contributed to your poor performance and the steps you have taken to prevent such factors from again having a detrimental effect on your academic performance. You should also include any other information that you feel is relevant to this request, including any extenuating circumstances. You must also include an Engineering Academic Learning Plan and Time Management Plan. Click link for details.

☐ Supporting letter attached to this form ☐ Academic Learning and Time Management Plan attached

Please indicate in the space provided below any additional supporting documentation that you wish to have considered with this request (eg. medical documentation) and attach documentation to this application.

Supporting documentation on file in the Faculty Office? ☐ Yes ☐ No
If no, then supporting documentation MUST be attached to this request.

For Faculty Office Use ONLY

☐ Approved

Conditions:

☐ Denied

Reasons:

Associate Dean (Academic) Signature:	Date: