

ern:

To Whom It May Concern

ation at the request of the advisor in Engineering Science. She feels I

I am writing this applica

my recent medical issue

ed with pneumonia and I've had to miss the past four weeks of

last month I was diagno

en getting notes from a fellow student, I have not been able to keep up

classes. Although I've be

though I could not complete the final exam, I am hoping to

with the next week. I

retake them next semester

Thank you for your assistance. I am gravely disappointed in having to request this.

Hiroshi Sato  
Student No. 00000000



Students applying for Withdrawal under "Extenuating Circumstances" are required to submit this form to their respective Registrar's Office (R/O).

DAF Form completed by Healthcare Provider

1. Name of Student: \_\_\_\_\_

2. Student ID: \_\_\_\_\_

3. Program: \_\_\_\_\_

4. Date of Statement: \_\_\_\_\_

5. Name of Healthcare Provider: \_\_\_\_\_

6. Address: \_\_\_\_\_

7. Phone: \_\_\_\_\_

8. Email: \_\_\_\_\_

9. Signature of Healthcare Provider: \_\_\_\_\_

10. Date of Signature: \_\_\_\_\_

11. Name of Student: \_\_\_\_\_

12. Student ID: \_\_\_\_\_

13. Program: \_\_\_\_\_

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17. Phone: \_\_\_\_\_

18. Email: \_\_\_\_\_

19. Signature of Healthcare Provider: \_\_\_\_\_

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27. Phone: \_\_\_\_\_

28. Email: \_\_\_\_\_

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30. Date of Signature: \_\_\_\_\_

31. Name of Student: \_\_\_\_\_

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38. Email: \_\_\_\_\_

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48. Email: \_\_\_\_\_

49. Signature of Healthcare Provider: \_\_\_\_\_

50. Date of Signature: \_\_\_\_\_

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