

## 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](http://www.sfu.ca/students/appeals/withdrawals/WE_guidelines.html)

### STUDENT INFORMATION

SFU Student number	Email
First name	Surname

### 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:	
Health Care Provider signature	Date