200-330 Chief Alex
Thomas Way
Kamloops, BC V2H 1H1
Phone: (250) 828-9721
Fax: (250) 828-8833
Toll Free: (855) 828-9700

Medical Withdrawal Form

	Student's Last Name		TteS Status Card #	
	Student's First Name		Middle Initial(s)	
	Student's Mailing Address			
	City or Town		Contact #	Message #
	Province	Postal Code		
Section 2	I consent to the release of information from my physician or counsellor to the Tk'emlúps te Secwépemc Education Department. I understand that this information will be used to determine my eligibility to apply Education Assistance in the future			
	Student Signature		Date Signed	
Section 3 To Be completed by Physician	Name of Physician		Stamp of Physician/Counselor	
	Mailing Address			
	City or Town		Province	
	Phone Number		Fax Number	
	1. When was this medical condition first diagnosed?			
	2. Given the students medical condition, would he/she have been able to continue full-time studies & complete the rest of the study period? Yes ☐ No ☐			
	3. If no, briefly explain why.			
	4. Did you advise the student to withdraw from full-time studies due to his/her medical condition? Yes ☐ No ☐			
	If YES, what was the date:			
	If NO, indicate the dates of illness			
	5. Briefly describe the nature of the students illness:			

_____ _____

Physician/Counselors Signature Date