



# OKANAGAN INDIAN BAND

12420 Westside Road, Vernon BC V1H 2A4 Phone: 250 542-4328 Fax: 250 542-4990  
Email: okibeducation@okanagan.org

## Request Form: Withdrawal, Deferral, Repayment Agreement

Name \_\_\_\_\_

University/College \_\_\_\_\_

Date \_\_\_\_\_

Contact Number \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                       |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <input type="checkbox"/> <b>WITHDRAWAL</b> <input type="checkbox"/> <b>DEFERRAL</b><br><i>Withdrawals and Deferrals that are not medical in nature will be approved in collaboration with the Director of Language, Culture &amp; Education</i>                                                                                                                                       |                      |
| <input type="checkbox"/> Semester <input type="checkbox"/> Course – Indicate the # of courses                                                                                                                                                                                                                                                                                         | <input type="text"/> |
| <b>Is this request being made prior to the approved withdrawal date of your institution</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                  |                      |
| Have you Withdrew or Deferred from a course or semester previously <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |                      |
| If yes provide the Date, <input type="text"/> the course and/or Semester <input type="text"/>                                                                                                                                                                                                                                                                                         |                      |
| Reason for this withdrawal/deferral: <input type="checkbox"/> Medical <input type="checkbox"/> Personal <input type="checkbox"/> Other                                                                                                                                                                                                                                                |                      |
| <b>Medical Withdrawals</b> will require a detailed note from your family physician, which clearly indicates the reason and length of time off you will need. <i><b>Walk in Clinics are not acceptable, it must be your family physician providing the medical note</b></i>                                                                                                            |                      |
| <b>All Withdrawals and/or Deferrals</b> require a detailed letter outlining the reasons for the request; the letter is to be sent to the Education Coordinator. Failure to get the required approvals from the Education Department could result in a denial to your request and you would be responsible for all costs associated with courses that were not successfully completed. |                      |
| How many credits do you currently have for your program of study                                                                                                                                                                                                                                                                                                                      | <input type="text"/> |
| How many credits required for graduation from your program of study                                                                                                                                                                                                                                                                                                                   | <input type="text"/> |
| How will you pick up these courses to meet your graduation requirements<br><input type="text"/>                                                                                                                                                                                                                                                                                       |                      |
| <input type="checkbox"/> <b>Repayment Agreement</b>                                                                                                                                                                                                                                                                                                                                   |                      |
| I authorize the Okanagan Indian Band and the financial institution designated to begin deductions as per my agreement for monthly and/or one-time payments for charges incurred by myself for my education account, and, monthly payments from my account will go to the Okanagan Indian Band until the debt is repaid in full.                                                       |                      |
| Frequency and Amount of Debits <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly<br><input type="text"/> will be deducted for <input type="text"/> months/payments                                                                                                                                                                                                  |                      |
| <br>                                                                                                                                                                                                                                                                                                                                                                                  |                      |