# Open Learning and Educational Support

## Request for Academic Consideration

<table>
<thead>
<tr>
<th>I.D. Number</th>
<th>Surname</th>
<th>Given Name</th>
</tr>
</thead>
</table>

### ADDRESS:

<table>
<thead>
<tr>
<th>Street</th>
<th>(area code) Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, Province</td>
<td>Postal Code</td>
</tr>
</tbody>
</table>

### Action Requested:

- [ ] Deferred Assessment
- [ ] Supplemental Assessment
- [ ] Drop
- [ ] Probation
- [ ] Withdraw from Semester

**Course(s) Affected:**

- ___________________
- ___________________
- ___________________

### Grounds for Consideration:

- [ ] Medical
- [ ] Psychological
- [ ] Compassionate
- [ ] Other

**Other:**

___________________________

___________________________

### Documents Submitted:

- [ ] Supporting Documentation
- [ ] Letter

### Student’s Signature:

___________________________

**Date:**

___________________________

### For Office Use

**Request:**

- [ ] Granted
- [ ] Denied
- [ ] On Hold

**Decision:**

___________________________

___________________________

**Secretary:**

___________________________

**Date:**

___________________________

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