

Open Learning and Educational Support

Request for Academic Consideration

I.D. Number	Surname	Given Name
ADDRESS:		
_____ (_____) _____ Street area code Telephone		
_____		_____
City, Province		Postal Code

Action Requested: <input type="checkbox"/> Deferred Assessment <input type="checkbox"/> Supplemental Assessment <input type="checkbox"/> Drop <input type="checkbox"/> Probation <input type="checkbox"/> Withdraw from Semester	Course(s) Affected: _____ _____ _____
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Grounds for Consideration: <input type="checkbox"/> Medical <input type="checkbox"/> Psychological <input type="checkbox"/> Compassionate <input type="checkbox"/> Other _____ _____	Documents Submitted: <input type="checkbox"/> Supporting Documentation <input type="checkbox"/> Letter
Student's Signature: _____ Date: _____	

For Office Use	
Request: <input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> On Hold	
Decision: _____ _____	
Secretary: _____	Date: _____

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