



STUDENT ACADEMIC AFFAIRS COMMITTEE REQUEST FORM

Submit this form to the Office of the Registrar or SAAC Administrative Assistant

Instructions to Students: Complete this section in block letters

NAME:	ID No.:		
ADDRESS:			
EMAIL:	TEL:		
ACADEMIC PROGRAM:			
NATURE OF REQUEST (Please tick the appropriate box)			
<input type="checkbox"/> Course Withdrawal	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Fee Refund	<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Deferral of Examination	<input type="checkbox"/> Change of Status	<input type="checkbox"/> Deferral of Acceptance	<input type="checkbox"/> Other _____
DOCUMENTS ATTACHED: (Please tick the appropriate box)			
<input type="checkbox"/> Medical Certificate	<input type="checkbox"/> Progress Report(s)	<input type="checkbox"/> Other, please specify: _____	
INSTRUCTIONS: Write clearly your request and/or attach correspondence. Be sure to include as many facts as you can.			

Student's signature: _____

Date: _____

Attach any supporting documentation Retain a copy for your own record

Official Stamp

FOR OFFICIAL USE ONLY

FINDINGS BY DEPARTMENT

Year student commenced program _____ Academic status as of (_____/_____) _____

(Please tick the appropriate box)

Currently Registered On Academic Probation Withdrawn On Leave of Absence

COMMENTS:

Name: _____ Title: _____

Signature: _____ Date: _____

RECOMMENDATION OF STUDENT ACADEMIC AFFAIRS COMMITTEE

COMMENTS:

Chair of SAAC: _____

Signature: _____ Date: _____

DECISION OF ADMINISTRATIVE COMMITTEE

COMMENTS:

Chair of Administrative Committee:

Signature: _____ Date: _____