



**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

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

**Student's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**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**Currently Registered**     **On Academic Probation**     **Withdrawn**     **On Leave of Absence**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: \_\_\_\_\_

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**RECOMMENDATION OF STUDENT ACADEMIC AFFAIRS COMMITTEE**

**COMMENTS:**

Chair of SAAC: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DECISION OF ACADEMIC BOARD**

**COMMENTS:**

Chair of Academic Committee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_