

Academic Edit Letter

Student Name

Study Period

Student Number

Faculty/Year

It has come to our attention that an explanation regarding your Academic Progress is necessary to process your 2017-2018 Full-Time OSAP or Part-Time OSAP application. Please print and complete this document as soon as possible to avoid any further delay in processing your application.

1. Please outline your academic goals for the future, and an expected time of completion (i.e. 1 yr). If you are registered as a special student, you must also provide a detailed explanation as to why the courses you are registered in are required to achieve your goals.

2. If there were extenuating circumstances that have prevented you from progressing into the next year of your program, please provide a detailed explanation. If additional space is required, please use the back of this form or attach a separate letter (must be signed and dated). You must also include any relevant documentation that verifies medical and/or other extenuating circumstances. (Eg. Doctor's Note, Third Party Letter)

Student Declaration:

I agree that all of the information I have submitted above is true and accurate to the best of my knowledge.

Student Signature

Date

Please return this form and ALL supporting documentation to:

**Western University - Student Financial Aid - Western Student Services Building - Room 1100
London, ON - N6A 3K7 - Tel. (519) 661-2100 - Fax (519) 850-2394**

FOR OFFICE USE ONLY

Sent Online

Initials

*The personal information on this form is collected under the authority of the University of Western Ontario Act, 1982, as amended.
To view the complete Personal Information Collection Notice, visit the online Academic Calendar at: <http://www.westerncalendar.uwo.ca/2016/pg5.html>*