Academic Edit Letter		
Student Name	Study Period	
Student Number	Faculty/Year	
Time OSAP application. Please print and complete. 1. Please outline your academic goals for	arding your Academic Progress is necessary to process your 2024-2025 Full-Time OSAP of this document as soon as possible to avoid any further delay in processing your application e future, and an expected time of completion (i.e. 1 yr). If you are registered as a special sion as to why the courses you are registered in are required to achieve your goals.	n.
detailed explanation. If additional spa	nat have prevented you from progressing into the next year of your program, please provid is required, please use the back of this form or attach a separate letter (must be signed and int documentation that verifies medical and/or other extenuating circumstances. (Eg. Docto	t
Student Declaration:		
I agree that all of the information I have sub	tted above is true and accurate to the best of my knowledge.	
Student Signature	Date	
Please upload this document directly through your online OSAP account to ensure faster processing times.		
FOR OFFICE USE ONLY Sent Online	Initials	

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