Academic Edit Letter			
Student Name	Study Period		
Student Number			

It has come to our attention that an explanation regarding your Academic Progress is necessary to process your 2019-2020 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.

 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

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Sent Online	Initials

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