

UW ID Number _____

Last Name _____

First Name _____

Email _____

Phone _____

Section A: Please indicate which scenario applies to you
 You have waited the full length of your OSAP Academic Restriction period and would like to be reinstated into the OSAP program. Please attach the following documentation:

1. A letter explaining the circumstances that led to the failure; the steps you are taking to ensure future success; and your academic goals. Be sure to sign and date the letter and include your student ID number.

 You have been placed on OSAP Academic Restriction and are requesting to have it removed from your OSAP record due to extenuating medical, personal or family circumstances. Your appeal must clearly demonstrate that circumstances beyond your control led to the lack of academic progression. Please attach the following documentation:

1. A letter explaining the circumstances that led to the failure, what steps you are taking to ensure future success and your academic goals. The letter must be signed and dated and your student ID number clearly noted on the letter.
2. Supporting documentation to show proof of the extenuating circumstances such as a doctor's note, hospital records, death certificate, counselor or other professional third party letters.

Section B: University of Waterloo Internal use only

Reviewed by	Decision	Date
Internal Audit	Decision	Date