



SCHOOL OF JOURNALISM
APPLICATION FOR A WAIVER
OF AN ACADEMIC REGULATION

Student Name: _____ Student Number: _____

Current Mailing Address for reply: Street: _____

City: _____ Province: _____

Postal Code: _____

1. Status: Full time Part time

2. Are you on Canada Student Loan? Yes No

3. Please outline your request along with reasons for it, and provide any information you think will assist us in making a decision. If appropriate, please attach supporting documents, eg. medical certificate, letter from professor, etc.

Signature of Student: _____

Date: _____

For Office Use Only:

Approved Declined

Referred to Committee on Studies

Signature of Director: _____

Date Signed: _____

Effective Date: _____

Date Processed: _____