

CONTACT INFORMATION

Last Name		First Name		U of S Student Number			
Address			City/Town				
Province	Postal Code	Tel:		E-mail:			

LIST THE CLASS(ES) INVOLVED IN THIS APPEAL

YEAR	SUBJECT	COURSE NUMBER	SECTION NUMBER	TERM

This form MUST be accompanied by a letter under your signature outlining the reasons for your financial appeal (use the reverse if necessary).

Please check the box which best describes the reason for your financial appeal.

- Complete non-attendance. Written confirmation from your instructor(s) (by letter or e-mail sent to the address below) of complete non-attendance is required.
- Medical reasons. Supporting documentation from your health care provider confirming a condition of a medical, psychological, counselling, or like nature is required.
- Registered with Disability Services for Students (DSS) (Confirmation from DSS is required)
- Compassionate grounds (e.g. illness or death of a family member or similar extenuating circumstances). Supporting documentation (e.g. funeral card, obituary, copy of death certificate, letter from a health care provider, etc.) is required.
- Administrative Error. Supporting documentation from the University employee who made the error (e.g. wrong advice, clerical mistake, etc.) is required.
- Other. Please provide a detailed written explanation in your financial appeal letter.

Any information provided to Student Central will be held in the strictest confidence.

APPLICATION DECLARATION

Student Signature	Date
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DSS STAFF	<input type="checkbox"/> Withdrawal was a direct result of a disability.	Comments:
	Signature: _____	
	Date: _____	