

Student Signature

Academic Progress

Automated File Check

Student Financial Service's

King's University College 266 Epworth Ave. London, ON N6A 2M3

519-433-3491 ext. 4319 | FAX: 519-963-0975

	Last Name:	First Name:
	Student No.:	UWO Email:
prog		t look at a student's academic history for possible academic progress issues. Students are expected to k force. Frequent or multiple program switches, drops/withdrawals, and/or multiple repeats of a
	re any OSAP funding can be released, a review of your academit form that covers the following:	ic progress is required. In order to initiate that review, you must provide an explanation using
•	A letter explaining your academic goals and steps you are taking	ng to achieve these goals
•	The circumstances that have affected your academic progression	on through your program
•	A copy of your transcripts if you were not attending King's Un	niversity College in the 2 most recent study periods.
1.	Please outline your academic goals for the future and an expected time of completion (i.e., 1 year). 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.	
2.	•	nat prevented you from progressing to the next year of your program. If igned and dated). You must also include any relevant documentation that verifies medical hird-party letter).
	ndent Declaration: gree that all of the information I have submitted above	is true and accurate to the best of my knowledge.

Date