



Office of the Registrar
 Student Services
 McMaster University
 Gilmour Hall, Room 108
 1280 Main St. West | Hamilton, ON | L8S 4L8
 E-Mail: sfas@mcmaster.ca
 Phone: 905-525-9140 ext. 24319
registrar.mcmaster.ca

Last Name:	First Name:
McMaster Student ID Number:	
McMaster Email:	
Program Name:	
Current Program Level:	Co-Op Program (<i>check one</i>) YES <input type="checkbox"/> NO <input type="checkbox"/>

2019/20 Request for Review/Reconsideration: Academic Progress Summary

Please indicate application type: OSAP Full time **OR** OSAP – Part time

I am forwarding this appeal to complete my application for: Fall/Winter Spring/Summer

I am currently on Academic Warning (Probation) Academic Restriction Academic Edit

I submitted a Request for Review/Reconsideration (with supporting documents) in 18/19 17/18

I have previously attended another college or university No Yes (if yes, please attach transcripts)

Total OSAP loans to date (outstanding loan balance available at www.canlearn.ca): \$ _____

Unsatisfactory Academic Progress Information:

If selecting one of the reasons below, which is marked with an asterisk, you must provide an explanation AND attach supporting documentation* (ex. doctor's note, death certificate, counsellor or third party letter)

Disability* Medical Condition* Death in Family* Personal Crisis* Other _____

Explain how your academic progress was affected by the disability/medical condition/death in family/personal crisis OR other reason noted above. Attach additional pages if more space is required.

For Office Use Only

C36 C65 Effective Date: _____ Restriction/Probation term served? Yes No

Supporting documentation on file from previous year? No Yes **Academic Year?** _____

Approved Denied **Reason:** _____

Downgraded to C37? Yes No

FAO Signature: _____ Date: _____

Academic Progress Improvement Information:

Indicate how you intend to improve upon your academic results to date AND confirm your academic and career goals...

List specific steps you have taken/are taking or plan to take to improve your academic progress –

1. _____
2. _____
3. _____

List specific student services/resources you have used/are using/plan to use -

1. _____
2. _____
3. _____

List your current academic goals, as well as your longer term academic and career goals.

1. _____
2. _____
3. _____

ONLY complete this section IF you are CURRENTLY BLOCKED from funding due to a Code 65 Academic Progress Restriction (i.e. if you failed to maintain satisfactory academic progress while you were on OSAP academic probation)

Please explain how you have kept your existing loans in good standing –

Did you successfully complete two terms of full-time study at your own expense? Yes No
If yes, please explain how your education and living costs have been covered –

Did you take at least one year off from your full-time studies? Yes No
If yes, please describe your activities during your time away from school –

Student signature _____ **Date** _____