McMaster University

Office of the Registrar

Last Name:	First Name:
McMaster Student ID Number:	
McMaster Email:	
Program Name:	
Current Program Level:	Co-op Program (check one) ◯ Yes ◯ No

2026-27 Academic Restriction Review / Request for Personal Circumstance Review

Have you served your FULL Period of OSAP Restriction?

◯ **YES (Sign, date and upload** this form to your current OSAP application to request a review for clearance of your OSAP restriction**. You do not need to complete any other sections on this form**.)

◯ **NO** (**Complete all sections on this form**. Sign, date and upload it to your current OSAP application along with supporting documentation relating to your described personal circumstance).

Please indicate application type: ◯ Full-time OSAP ◯ Part-time OSAP

I have previously attended another college or university ◯ No ◯ Yes (attach official transcripts from prior schools)

Please indicate the academic year that you were placed on restriction (*e.g. 2025-2026*) _____
(***documentation must be relevant to the timeframe that led to your restriction).***

If your failure to meet academic progress requirements was because of <u>circumstances beyond your control</u>, complete this form in its entirety for a Personal Circumstance Review.

Examples of acceptable circumstances that may be considered include the following:

- **MEDICAL CONDITION.** Acceptable supporting documentation: Letter signed by a physician confirming that your ability to participate in postsecondary studies was restricted for a portion or for your entire study period. Dates of illness or injury must be included. **Letter must also confirm that you are well enough to continue your studies on a full-time basis at this time.**
- **FAMILY CRISIS** (e.g. death in family or personal crisis). Acceptable supporting documentation: Letter signed by you, outlining the personal circumstances and a letter signed by a third party confirming the dates of the event and circumstances. Additional documentation from third party as applicable (such as insurance documents; police reports; eviction notices; documentation from daycares, schools, or police; travel documents, death certificates; medical notes or other relevant documentation).
- **DISABILITY- PREVIOUSLY UNDIAGNOSED.** Acceptable supporting documentation: medical documentation signed by physician confirming **<u>new</u>** diagnosis
- **LEAVE OF ABSENCE** (e.g. medical, pregnancy or parental leaves)**.** Acceptable supporting documentation: Explanation signed by you and note signed by a physician.
- **RESTRICTION PLACED ON FILE IN ERROR** (e.g. revision of grades or successful deferred grades)**.** Acceptable supporting documentation: Explanation signed by you along with your transcript of final grades from the year of restriction.
- **POOR PERFORMANCE AT TWO INSTITUTIONS WITHIN SAME ACADEMIC YEAR.** Acceptable supporting documentation: Explanation signed by you and a transcript from your previous school.

Provide an explanation AND attach supporting documentation to explain the nature of the situation that was beyond your control. *(See examples on page 1 for supporting documentation requirements)

☐ Disability ☐ Medical condition ☐ Death in family ☐ Personal crisis ☐ Other_____

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

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. _____

Please sign with BOTH your first and last names (not shortened name, first name only, or initials)

Student Signature:_____ **Date:** _____

The information gathered on this form is collected under the authority of the McMaster University Act, 1976. The information is used for the acadeic, administrative, financial, and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretariat.

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