

Please complete this form in ink

Last Name:	First Name:
Mohawk Student ID#:	Mohawk Email:
Phone:	Current Program & Semester:

Please indicate your current status: ☐ Full Time ☐ Part Time

My OSAP status shows I have an: ☐ Academic Probation (code 36) ☐ Academic Restriction (code 65) ☐ Academic Edit (code 35)

ACADEMIC PROBATION/RESTRICTION INFORMATION (section 1)

When selecting one of the reasons below you must provide an explanation and attach supporting documentation
<input type="checkbox"/> Disability <input type="checkbox"/> Medical Condition <input type="checkbox"/> Death in the Family <input type="checkbox"/> Personal Crisis <input type="checkbox"/> Program Choice <input type="checkbox"/> OTHER _____

ACADEMIC PROBATION/RESTRICTION INFORMATION (section 2)

Indicate how you intend on improving upon your academic performance during your probationary period and outline your career goals
List the specific steps you have taken or will be taking to ensure your academic success
1.
2.
3.
List the specific services/resources you intend on accessing or have been accessing to ensure your academic success
1.
2.
3.
Outline your: 1. Current academic goals 2. Long term academic goals and 3. Career Goals
1.
2.
3.

ACADEMIC EDIT INFORMATION (section 3)

COMPLETE ONLY IF you have had multiple program changes or re-entry into the same semester on one or more consecutive occasions

Have you changed programs: ☐ Yes ☐ No

If yes, please indicate the name of your previous program and the dates you attended and explain the reason for your program change and explain if your programs are related to each other:

Have re-entered the same semester as a previous term on one or more occasions: ☐ Yes ☐ No

If yes, please explain why you are repeating your semester:

ACADEMIC RESTRICTION INFORMATION (section 4)

Read the instructions below carefully prior to submitting an academic restriction review

You may submit an Academic Restriction Code 65 review after the duration of your restriction period is met. The one-year restriction Code 65 cannot be cleared until the first day after the end of your restriction period.

Required Documentation:

A completed and signed Request for Review/Reconsideration: Academic Progress Review. Upload this completed form through your online OSAP application.

I declare the information contained within to be accurate and true to the best of my knowledge.

Return your completed form and all required documentation to the Financial Assistance Office or Square drop box, located at the Fennell campus, c102. The deadline is 40 days prior to the end of your current study period.

Late submissions will not be considered.

Student Signature: _____ Date: _____

OFFICE USE ONLY

☐ Code 36 ☐ Code 65 Effective Date: _____ Restriction/Probation term completed: ☐ Yes ☐ No

SupDocs on file from previous year: ☐ Yes ☐ No

Academic Year: _____

Approved ☐ Denied ☐ Reason: _____

Downgraded to Code 37: ☐ Yes ☐ No

Restriction applied: ☐ Code 36 ☐ Code 65

FAO Signature: _____ Date: _____