Academic Edit Letter		
Student Name	Study Period	
Student Number	Faculty/Year	
It has come to our attention that an explanation regarding you Time OSAP application. Please print and complete this doc	your Academic Progress is necessary to process your 2020-2021 Full-Time OSAP or Par locument as soon as possible to avoid any further delay in processing your application.	t–
	re, and an expected time of completion (i.e. 1 yr). If you are registered as a special stude is to why the courses you are registered in are required to achieve your goals.	nt,
detailed explanation. If additional space is require	ave prevented you from progressing into the next year of your program, please provide a uired, please use the back of this form or attach a separate letter (must be signed and cumentation that verifies medical and/or other extenuating circumstances. (Eg. Doctor's N	ote,
,		
Student Declaration:		
I agree that all of the information I have submitted ab	above is true and accurate to the best of my knowledge.	
Student Signature		
Please upload this document directly through your onli Western University - Student Financial Aid – c	nline OSAP account to ensure faster processing times.	
FOR OFFICE USE ONLY		
Sent Online	Initials	