

Academic Edit Letter

Surname —————————	First Name ————————————————————————————————————
Social Insurance Number	Student Number
Program of Study	Campus
OSAP requires an explanation when students repeat an act more than once. Please explain your current academic good your commitment to graduate from the current program. take to ensure success in your current program and indicate the program of the current program and indicate the program of the current program and indicate the c	als, your plan of action to achieve them, and You must also include the steps you would
achieving your career goals.	
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Signatura	

Please submit this completed form to: Financial Aid and Awards Office Trafalgar Campus – Room D100 Davis Campus – Room B212h HMC Campus – Room A155