

# Seneca

## Academic Progress Letter

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

Program: \_\_\_\_\_ Semester: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Please explain the circumstances for not successfully completing 60% (40% for students with a permanent disability) of the required course load.

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What steps will you take during your probationary period to improve your academic progress? \_\_\_\_\_

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Please provide a description of your academic/career goals: \_\_\_\_\_

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### Statement:

I, *(Print your full name)* \_\_\_\_\_, understand that should I fail to successfully complete at least 60% (or 40% for students with a permanent disability) of a required course load in any semester while receiving OSAP I may be restricted from further OSAP funding.

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

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I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_