

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.

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

Please provide a description of your academic/career goals: _____

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

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the Freedom of Information and Protection of Privacy Act and under the legal authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, and the Ontario Colleges of Applied Arts and Technology Act, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at 416.764.0400 or email privacyoffice@senecapolytechnic.ca.

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

Signature: _____ Date: _____