Faculty of Social Science

REQUEST FOR RELIEF

Name: _____ Student No. _____

Degree: _____ Module(s) _____ Year: _____

Complete Local address: _____

_____

Local telephone: _____ E-mail:_____

State in a few sentences the relief you are requesting and the reason(s) why you are making the request. If there are medical or compassionate grounds, please provide appropriate documentation.

Signature: _____ Date: _____

IT IS YOUR RESPONSIBILITY TO COME TO THE ACADEMIC COUNSELLING OFFICE, ROOM 2105, SSC, DURING REGULAR OFFICE HOURS TO RECEIVE YOUR WRITTEN RESPONSE FROM THE DEAN OF SOCIAL SCIENCE.

GRANTED ☐ DENIED ☐

Print this form and submit to the Academic Counselling Office, Room 2105, Social Science Centre.