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 DEAN'S OFFICE, ROOM 9438, SSC, DURING REGULAR OFFICE HOURS TO RECEIVE YOUR WRITTEN RESPONSE FROM THE DEAN OF SOCIAL SCIENCE.

GRANTED ☐ DENIED ☐

Print this form and bring to the Dean's Office, Room 9438, Social Science Centre.