

AA211, Heritage Hall 1301 - 16 Avenue NW Calgary, AB T2M 0L4 Phone: 403.284.7248 Toll-free: 1.877.284.7248 Fax: 403.284.7112

Email: records@sait.ca

Please complete sections A to C digitally. Submit to the Office of the Registrar via email to records@sait.ca within 10 days of receiving notice.

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A) Personal Information								
			Student ID Number					
Last Name			First Name Middle Name					
Address			City			Province		
	Home Cellular Business	Alternate Number			Home Cellular Business	Postal Code		
Email Address						1		
B) Program/Subject Information								
Program/Course			Major/Option		Dates Attended (DD-mmr to			)
I request to appeal my standing of Academic Withdrawal (Poli Agreement	icy Refere	ence <b>AC.3.1</b> )						
*This is my first appeal for Academic Continuance							Yes	No
*This application is within 10 calendar days of notification of Withdrawal							Yes	No
GPA is above 1.0 with current unofficial transcript included							Yes	No
Proof of Completion of Back on Track is included							Yes	No
A written letter of recommendation from a faculty member, Academic Chair, or an advisor from my program is included							Yes	No
Supporting documents such as doctor's notes, death certificates, legal documents or official letters, etc. are included							Yes	No
Describe the extenuating circumstances under which you'd	like spec	ial consideration	for appeal:					



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If granted continuance, what is your plan for success? Please be specific and include resources you will access and other changes you intend to make:						
Student Signature	Date (DD-mmm-YYYY)					

## **FOIP Notification**

The personal information you provide on this form is collected under the authority of the **Freedom of Information and Protection of Privacy Act** of the Province of Alberta, Section 33(c). This information will be used to process a request for a third attempt of a course. If you have any questions about the collection or use of this information, contact the FOIP Coordinator at **foip.coordinator@sait.ca**.