

UNDERGRADUATE PROGRAMS OFFICE ROOM 3350, 28 CAMPUS DRIVE SASKATOON, SK S7N 0X1

Tel: 306-966-7654 Fax: 306-966-7644

Email:

studentaffairs.education@usask.ca

STUDENT AFFAIRS AND ACADEMIC STANDARDS COMMITTEE REQUEST/REFERRAL FORM

Date:	
Name:	Student Number:
Address: _	
Email:	Telephone:
Signature	:
I.	Nature of Request/Referral:
II.	Reason(s) for Request/Referral (use additional space provided on next page, if necessary)
	Have you spoken with an academic advisor or field experiences coordinator in relation to this request/referral? YesNo
	If yes, please indicate the name of the person with whom you spoke and approximate date.
	Name of advisor/field experience coordinator:
	Date:

-			
upport Request			