Student Accounts
6299 South Street
Henry Hicks Building, Room 29
Halifax, NS B3H 4H6
Phone (902) 494-3998
Fax (902) 494-2839
Email Student.Accounts@Dal.Ca
WWW http://www.dal.ca/studentaccounts

DALHOUSIE UNIVERSITY
Inspiring Minds

WAIVER REQUEST FORM

STUDENT NUMBER: _____ **SIN:** _____

NAME: _____ **PHONE:** _____

EMAIL: _____

I am requesting a waiver of:

____ Late Registration Fee **TERM/SESSION:** _____
____ Reinstatement Fee

If tuition is being paid by Canada Student Loan, Provincial Loan or other funding agency, please complete **Funding Section** as well as reason for request.

Reason for request: _____

_____

_____

Supporting Documents attached. Yes ____ No ____

_____ _____
(Date) (Signature)

FUNDING INFORMATION

My tuition if being paid by: ____ Canada Student Loan _____
(Province)

____ Other _____
(Please specify)

I applied for a student loan on: _____
(Date)

If I withdraw from the University, I understand I will be responsible for any fees owing to the University as outlined in the University Calendar.
I further consent to Student Aid Offices and/0r Agency providing any information requested by appropriate University officials pertaining to my funding.

_____
(Signature)

For Student Accounts Use Only

Memo on file	Yes ____ No ____	APPROVED BY
FLAT Waived	Yes ____ No ____	_____
FRIF Waived	Yes ____ No ____	_____