

Section #1: Student Information			
Student #:		Date:	
First Name:		Last Name:	
Western EMAIL:		Phone:	
Section #2: What Happened and What is the Reason Why No Documentation can be Submitted			

By signing below, I acknowledge that this request is **an exceptional one** and in cases where the outcome was a result of my own action I will strive to never repeat it as **repeated offences are unlikely to be approved.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For ACADEMIC COUNSELLING OFFICE USE ONLY:	
Student Seen by:	
Date:	
NOTES:	