



ALGOMA
university

**REQUEST TO THE SENATE COMMITTEE ON
ACADEMIC REGULATIONS & PETITIONS**

NAME		
ADDRESS	TELEPHONE NO.	
	STUDENT NO.	
EMAIL	FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>

REQUEST

SIGNATURE	DATE
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RECOMMENDATION

RECOMMENDED BY	DATE
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FOR OFFICE USE ONLY

REGISTRAR	DATE
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