



**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)

III. Have you spoken with an academic advisor or field experiences coordinator in relation to this request/referral? ___ Yes ___ No

If yes, please indicate the name of the person with whom you spoke and approximate date.

Name of advisor/field experience coordinator: _____

Date: _____

