



DALHOUSIE
UNIVERSITY

Email: student.accounts@dal.ca

WAIVER REQUEST FORM

NAME: _____

PHONE: _____

STUDENT NUMBER: _____

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 _____

(Signature)

(Date)

FUNDING INFORMATION

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

_____ Other _____ (Please specify)

I applied for a student loan on: _____

(Date)

I further consent to Student Aid Offices and/or 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 ___
