



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: \_\_\_\_\_

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Supporting Documents attached. Yes \_\_\_\_\_ No \_\_\_\_\_

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(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 \_\_\_\_\_

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