

Student Accounts
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Halifax, NS B3H 4H6
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WWW <http://www.dal.ca/studentaccounts>



WAIVER REQUEST FORM

STUDENT NUMBER: _____ **SIN:** _____

NAME: _____ **PHONE:** _____

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 _____

(Date) (Signature)

FUNDING INFORMATION

My tuition if being paid by: _____
Canada Student Loan _____ (Province)
____ Other _____ (Please specify)

I applied for a student loan on: _____
(Date)

If I withdraw from the University, I understand I will be responsible for any fees owing to the University as outlined in the University Calendar.

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 _____	_____