

REQUEST TO RETURN TO PROGRAM

NOTE: This process applies to students who have had a break in their studies of two or more terms, and are requesting permission to return to the same program (Directive AA39 Program Progression & Graduation Requirements).

TO BE COMPLETED BY THE REGISTRAR'S OFFICE:

Today's Date: _____ Return Date: _____

The following Algonquin student has requested permission to return to:

Program Title: _____ Program Number: _____

Client Service Officer: _____ Ext: _____

SECTION I: TO BE COMPLETED BY STUDENT:

Student's Name: _____ Student Number: _____

Address: _____

Telephone No: _____

Email: _____

Program requested: _____

Date Last Attended: _____

Term requested to Return: *(Please circle one)*

Fall Winter Summer

Have you attended another institution since leaving Algonquin College? Yes ☐ No ☐

If Yes, what other institution: _____

SECTION II:**TO BE COMPLETED BY Coordinator/Academic Administrator/Dean (Please return to the Registrar's Office.)**

The student is granted permission to return to:

Program Number: _____ Program AAL: _____ Program Version: _____

Name of Program: _____ Term: _____

This assessment complies with Directive AA39 Program Progression & Graduation Requirements. I have assessed the student's earned credits against the current version of the program of study.

Attach course load for _____ term and, if applicable, path for program completion.

The student is not granted permission to return due to:

- ☐ Academic Encumbrance
- ☐ AA39 Program Progression Criteria Not Met
- ☐ AA39 Program Completion Timelines Exceeded
- ☐ Other _____

Other Comments: _____

Evaluated by: _____ Date: _____

(Signature of Academic Administrator or Designate)

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STUDENT NUMBER: _____

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