

Dean of Arts and Social Science c/o Office of the Registrar  
1349 Western Road, London ON N6G 1H3  
Tel: 519.438.7224 x702

## **APPLICATION FOR A DEAN'S WAIVER OF PROGRESSION REQUIREMENTS**

(For students who have been required to withdraw from the university)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Student #: \_\_\_\_\_ Western Email: \_\_\_\_\_@uwo.ca

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

### **APPLICATION INSTRUCTIONS**

You may request a Dean's Waiver of Progression Requirements **ONLY** if you have experienced significant concerns during the academic year which are **outside of your control**. The problems must have been severe enough to have had a drastic effect on your academic performance and must be supported by appropriate documentation. *Waivers are granted in exceptional circumstances only; it is not the usual practice of Huron University to grant more than one waiver in a student's academic career.*

Your application must be signed and submitted to the Registrar, [jmorocc@uwo.ca](mailto:jmorocc@uwo.ca) at Huron University no later than June 30, 2026.

Applications submitted must be typed, with all questions answered, and must include all relevant supporting documentation. Please note that personal information will be held in strict confidence. It is recommended that you make copies of all information submitted and follow up to confirm receipt of your documentation. It is your responsibility to ensure that your application is true and complete, and that you have responded to all of the questions listed; incomplete applications will not be considered.

# APPLICATION DEADLINE: JUNE 30, 2026

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## **YOUR APPLICATION MUST ADDRESS ALL OF THE FOLLOWING QUESTIONS:**

**1. Describe the extenuating circumstances that contributed most significantly to your poor academic performance. When did the problem(s) arise? How long did it or they continue? Appropriate supporting documentation must be submitted.**

**2. Describe the ways in which you attempted to seek assistance during the time you were experiencing difficulties.**

- What attempts did you make to minimize the impact of the difficulties you encountered on your academic work?
- What attempts did you make to access supports? Examples may include professors, Academic Advisors, Student Development Centre, Academic Support and Engagement, Student Health Services, Wellness Services or other professionals. Provide supporting documentation (ex.: medical certificate, email communication with instructors, etc.) if possible.
- What accommodations did you request/receive (ex.: assignment extensions, make-up tests, etc.)?

**3. Describe your academic performance during the academic year 2025-2026.**

- List all registered courses and record the final grade you received in each course.
- List the percentage of classes attended in each course; provide dates and reasons for absences, if possible.
- List all assignments/test/quizzes/exams/labs/etc. that you completed for each course, as well as grades received. If you failed to complete a grade component, please explain.

**4. Why do you think you would be successful in University-level academic studies if your request is granted?**

- How have the circumstances that affected your academic studies changed?
- How have you dealt with or recovered from the difficulties you experienced?
- What steps have you taken to ensure that a similar problem does not arise again (if applicable)?

**5. Describe your academic goals if you are allowed to return to University.**

- What is your long-term degree/program objective?
- What program would you wish to register in?
- What prerequisites are required, and how have you met them?
- What specific courses would you wish to take in the coming year? Please ensure that you have reviewed Academic Calendar to understand course and program requirements.

## **FORMAL ACKNOWLEDGEMENT**

By signing this form, I hereby certify that the information submitted with my application for a Dean's Waiver of Progression Requirements is true and complete. I understand that an incomplete application will not be considered, and that a falsified one will be denied. I give my permission to the Dean's Office and the Office of the Registrar to verify any aspect of my application with my professors, health care professionals, academic advisors, etc.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This application and all documentation must be received by email to [jmorocc@uwo.ca](mailto:jmorocc@uwo.ca) on or before 4pm June 30, 2026.