

Request for Scheduled Break

Procedure:

1. Students can initiate a request for confirmation of scheduled break after each Academic Year.
2. Refer to the Academic Calendar for the policy.

TO BE COMPLETED BY THE STUDENT	
Student Name:	Student Number:
Phone Number:	Email:
Program:	
Date (MM/DD/YY):	
Any Remark: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	

Student Signature _____

For Office Use Only	
Additional remarks: _____	
Registrar Office:	
Processed by: _____	Date: _____
Signature: _____	Date: _____