



**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 E29 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: \_\_\_\_\_ Room C150 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 E29 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
- E29 Program Progression Criteria Not Met
- E29 Program Completion Timelines Exceeded
- Other \_\_\_\_\_

Other Comments: \_\_\_\_\_

Evaluated by: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Academic Administrator or Designate)

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