

Georgian Request for tuition reduction - Permanent disability policy

PERSONAL IDENTIFICATION					
Student ID number	Date of Birth (mm/d	ld/yyyy)	Email		
ast name (Family name) (Previous last name)		First name (Give	n name)		Middle name
Address		Home phone nun	nber (10 digits)		
City Province	Postal code	Cell phone numb	er (10 digits)		
IMPORTANT — PLEASE READ BEFORE COMPLE	ETING THIS APPLI	CATION			
 Beginning September 1, 2007, any student with a per therefore takes additional semesters to complete the tuition fees as a student completing the program in th 	ir program is eligible	e to pay a reduc			
 If you have been identified with a permanent disability reached the maximum fees for your program of study. 			ad, you may be	eligible for tuitio	n reduction once you've
 Please complete the application form and have it signed Registrar, Barrie campus. 	d by the appropriate	departments. Th	ne completed fo	rm must be returr	ed to the Office of the
The Office of the Registrar will then determine if you a of the term, once your courses have been completed.	, and the second		If approved, the	tuition reduction	will be adjusted at the end
• It is your responsibility to submit this form if you feel you	· -				
 If any of the information below changes, you must info 	orm the Office of the	Registrar in writi	ing.		
OSAP Recipient? ☐ Yes ☐ No					
Program title	Estima	ated date the p	orogram requi	rements will be	met
Campus ☐ Barrie ☐ Orillia ☐ Ower	Sound \square N	1idland [☐Muskoka	Other _	
FREEDOM OF INFORMATION AND PROTECTION Protection of Privacy Act (FIPPA), 1990, and endeavors requested on this form is collected under the legal authoration satisfactions 38(2) and 41(1) of FIPPA. The information provide tuition reduction related to a permanent disability.	s to treat your persority of the Ontario (onal information Colleges of Appli	in accordance led Arts and Tec	with this law. The hnology Act, 2002	he personal information 2 and in accordance with
For further information about the information requested of Registrar@GeorgianCollege.ca or 705.722.1511; for AccessPrivacy@GeorgianCollege.ca or 705.728.1968 ext.,	more information				
I certify that the above information is true and complete. I ha	ave read and understa	and the Freedom	of Information ar	nd Protection of Pri	vacy Statement.
Signature of Student		_		Date (mmddyyyy)
Signature of Accessibility advisor		_		Date (ı	mmddyyyy)
Signature of Financial Aid officer		_		Date (mmddyyyy)
Approved:					
C'			Date	(mmddyyyy)	
Signature of Registrar / designate				. , , , , , , ,	

Submit from your Georgian College email to: Scheduling@GeorgianCollege.ca