

Box 5002, 100 College Drive, North Bay, ON P1B 8L7 Phone: (705) 474-3450, Ext. 4600 Fax: (705) 495-1772 E-mail: admissions@nipissingu.ca website: www.nipissingu.ca

SUPPLEMENTARY APPLICATION FOR APPLICANTS WITH **EXTENUATING CIRCUMSTANCES**

If you have any extenuating circumstances that may have affected your academic grades that you feel should be taken into consideration when we evaluate your application, please complete this application form. This information will only be taken into consideration if your admission average falls below the minimum requirements. Completion of this form is voluntary. Extenuating circumstances could include, but not limited to: serious personal illness or injury, disability, illness or death of a family member, financial hardship, or personal and family matters.

LAST NAME	GIVEN NAME(S)	GIVEN NAME(S)	
MAILING ADDRESS			
CITY	PROVINCE	POSTAL CODE	
TELEPHONE	E-MAIL	I	
NIPISSING STUDENT NUMBER or OUAC NUMBER	DATE OF BIRTH (mm/dd/yy)	DATE OF BIRTH (mm/dd/yy)	
PROGRAM APPLIED TO:			
The following documentation, if applicable, and any other ☐ Secondary School transcript (If not applying at OUAC ☐ Medical certificates or other medical documentation ☐ Letters of reference from counselors, teachers, medic ☐ Learning Disability documentation such as assessme ☐ Other	C as a current Ontario high school stude cal professionals or clergy	ent)	
your studies. Include information about when your situate the future to be successful in your university studies. Please of the studies of the future to be successful in your university studies.			
, the applicant, have completed this application myself an	nd all the information is correct and com	plete.	
Signature	Date		

Deadline to submit form and documents to ensure consideration for this application cycle is April 1