



ACADEMIC AID FORM
Student Council

DATE _____ NAME OF STUDENT _____

YEAR OF ENROLMENT: FRESHMAN _____ SOPHOMORE _____ JUNIOR _____ SENIOR _____

CONTACT INFORMATION: TEL: _____ EMAIL: _____

SUBJECT AREA(S) OF NEED: _____

TYPE OF HELP NEEDED:

- | | | | |
|---|--------------------------|--|--------------------------|
| 1. Understanding teaching/learning styles | <input type="checkbox"/> | 5. Structuring research papers/assignments | <input type="checkbox"/> |
| 2. Developing listening skills | <input type="checkbox"/> | 6. Time Management | <input type="checkbox"/> |
| 3. Note-taking | <input type="checkbox"/> | 7. Use of the library | <input type="checkbox"/> |
| 4. Fulfilling reading assignments | <input type="checkbox"/> | 8. Structuring book reports | <input type="checkbox"/> |
| 9. Other | <input type="checkbox"/> | | |

NB: Students who request help from the Student Council, must make themselves available to meet with the person assigned at the designated times. This service is not intended to encourage anyone to become dependent on others, therefore after the semester, the student should attempt to work on his or her own before applying for continued help.

Student Declaration

I do hereby agree that I will not hold the Student Council, its Academic Aid Committee or the person providing me with academic assistance liable or responsible for any grades that I receive in my courses.

Signature: _____

FOR OFFICIAL USE ONLY

DATE RECEIVED:

RECEIVED BY: _____
NAME IN BLOCK LETTERS POSITION ON STUDENT COUNCIL

DATE GIVEN TO ACADEMIC AID COMMITTEE: _____

CONTACT MADE BY ACADEMIC AID COMMITTEE: YES _____ NO _____