

REQUEST FOR ACCOMMODATION FOR EVALUATION ACTIVITIES

Students have the right to request *accommodations for evaluation activities, for events out of their control, such as family or medical emergencies, or for pre-scheduled extra-curricular commitments (medical, legal, College sanctioned)*. (Policy 5, 3.3.4 & 3.4.6)

IMPORTANT: Students requesting accommodations for pre-scheduled commitments must make the request no later than **four weeks** in advance of the scheduled evaluation activity.

Procedure:

1. This form, and any relevant documentation in support of the request, is submitted by the student to Student Services.
2. Student Services verifies the information and documentation and refers the request to Academic Services.
3. Academic Services notifies the student and teacher(s) of the outcome.
4. If the request is authorized by Academic Services, it is the student's responsibility to follow up with their teacher(s) to arrange the details of the accommodation.

Please note: Accommodation for final evaluation activities must be authorized by Academic Services.

Student Name _____ Date _____
Day/month/year

Student # _____ Program _____

Absence from _____ to _____
Day/month/year Day/month/year

Reason for request _____

Document attached: _____

Course name and teacher	Evaluation Activity	Evaluation date Day/month/year	Final? Y/N

TO BE COMPLETED BY STUDENT SERVICES

Date received _____
day/month/year

Reason: Pre-scheduled Critical unforeseen Document(s) verified: Yes No

Comments _____

Signature _____ Date _____
Director of Student Services day/month/year

TO BE COMPLETED BY ACADEMIC SERVICES

Authorization granted: Yes No

Comments _____

Signature _____ Date _____
Academic Dean day/month/year

Teacher(s)/Dept./Education Advisor/ Student notified _____
Initials day/month/year