

INSTRUCTIONS FOR REQUESTING A PERMANENT INCOMPLETE

This notation is used when the College recognizes that a student, for reasons beyond the student's control, is unable to complete the competencies of a course. (Policy 5, 3.5.1 (d)).

A Permanent Incomplete is granted if all the following conditions are met:

- The student was prevented from attending/participating in classes for at least three (3) consecutive weeks¹ during the semester, after the course withdrawal deadline (*consult the Academic Calendar*);
- The situation was beyond the student's control (e.g. illness, illness or death of a spouse/family member, accident, etc.).
- A student confirmed (validated) their attendance in the course.

Please note: A Permanent Incomplete is not granted for a course already passed.

PROCEDURE

- Complete the attached *Request for a Permanent Incomplete* form and provide the original supporting documentation from an authorized professional.
- Submit the request to Student Services before the end of the semester during which the situation occurred. Only under exceptional circumstances, can a request for a Permanent Incomplete be submitted after the deadline, and no later than one year after the end of the semester concerned.
- If a permanent incomplete is granted, the remark 'IN' will appear on the student's transcripts for all the approved courses instead of a numerical grade.

AUTHORIZED PROFESSIONALS	
Medical/health related reasons	Non-medical/other reasons
<ul style="list-style-type: none"> - Physician - Psychologist - Guidance Counselor with a valid training certificate from their Order - Nurse with the training and experience required under the regulations of their Order - Physiotherapist, if the course involves physical activity (physical education, music playing, dance, etc.) 	<ul style="list-style-type: none"> - Psychologist - Social worker - Psychoeducator - Special Care Counsellor in Education - Social Worker Technician - Police - Judge - Psychosocial Counsellor in a support organization
Documentation Required	
<p><i>A Medical Report</i> form, completed and signed by your medical/healthcare professional.</p>	<p>A document justifying for the reason for the absence. E.g. Death/Medical certificate, divorce certificate, police report, court document, etc.</p> <p>Reasons may include: assisting a close relation who is ill, suicide or death of a close relation, conjugal violence, etc.</p>

All information supplied will be treated confidentially. In some cases, clearance from a healthcare professional may be required in order for the student to return to classes.

¹ For compressed or AEC courses, the College will prorate the time period.



REQUEST FOR PERMANENT INCOMPLETE

A completed form with supporting documentation is required for the request to be evaluated.

Student Name: _____ Student #: _____

Program: _____ Tel. #: _____

Semester: fall winter summer Year: _____

PERMANENT INCOMPLETE REQUESTED FOR THE FOLLOWING COURSES:

Course & Section #. (E.g. 603-101-MQ)	Course Name (E.g. English)	Course & Section #. (E.g.. 109-101-MQ)	Course Name (E.g.. Phys. Ed. 101)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date illness/incapacity began _____ Length of illness/incapacity _____

Reason for the request: _____

If the request is being made after the grade submission deadline for the semester, please explain why:

I declare that the information provided is true and accurate. I authorize the Registrar's Office, to contact the healthcare provider to confirm and/or clarify the information provided in this request, if necessary.

Student's signature _____ Date: _____

FOR OFFICE USE ONLY

- Permanent Incomplete granted for all the courses above
- Permanent Incomplete granted for only those courses marked above with the Registrar's initials
- Permanent Incomplete denied, reason _____

Academic Advisor: _____ Date: _____

Registrar: _____ Date: _____

Student Services Director: _____ Date: _____

Academic Dean: _____ Date: _____

- Student record modified
- Transmitted to SOCRATE
- accepted by SOCRATE
- Student Notified

Completed by: _____ Date: _____

MEDICAL REPORT

To be completed and returned directly to the Registrar by a medical professional

Patient's Name:			
Start date of the illness/incapacity (DD/MM/YY):			
Date of diagnosis or evaluation(s) (DD/MM/YY):			
Duration of illness/incapacity:			
From:	_____	To:	_____
	DD/MM/YY		DD/MM/YY
As a result of the following diagnosis:			
Degree of the inability to continue studies:	<input type="checkbox"/> Complete (all courses) <input type="checkbox"/> Partial, specify which course (s) below:		
The student may resume regular studies as of:			
	DD/MM/YY		
Notes: (you may use this space to provide any other pertinent information, including prognosis)			
Healthcare Provider Information (please PRINT clearly):			
Full Name :			
License number:			
Address:			
City:			
Telephone number:			
Postal code:			
Signature:			
Date (DD/MM/YY):			

This form must be submitted directly to the Registrar by the health care professional

325 boul. Cite des Jeunes, Gatineau , QC J8Y 6T3 or kmcmahon@cegep-heritage.qc.ca