



REQUEST FOR ACADEMIC CONCESSION

Student Name			
Student Number		Email Address	
Date Request Received		Received by:	

ACADEMIC CONCESSION

The College recognizes that students may sometimes be faced with unanticipated circumstances that affect their academic performance and that may require special consideration. The College will consider Academic Concessions on an individual basis.

REASON FOR REQUEST

- Medical Circumstances (inclusive of Mental Health)
- Compassionate Circumstances

SUBMIT THE FOLLOWING:

- a) Rationale to be considered for an Academic Concession, explained in a single attached page and including a proposed solution (Late Withdrawal or Incomplete Standing)
- b) Supporting Documentation

- Physician's Recommendation
- Mental Health Professional's Recommendation
- Other (i.e. Obituary, Legal Documents, Jury Notification, etc.): _____

Student Signature: _____

Date: _____

Please send your completed form and supporting documentation to Registrar@corpuschristi.ca .

FOR OFFICE USE ONLY

DECISION

- Late Withdrawal
- Incomplete Standing (Courses' assignments to be completed by: _____)
- Request is refused

Registrar Signature: _____

Date: _____