

Request for Exceptions Information

INFORMATION SHEET

1. What is a Request for Exception?

The Request for Exception form is to be used when a student is requesting an exception to an Educational Policy and/or procedure under extenuating circumstances. The Request for Exceptions process is designed to allow students the opportunity to resolve an issue through an informal and/or formal process. It is the student's responsibility to be familiar with policies, dates and deadlines.

2. What is an "Extenuating Circumstance"?

Requests for exceptions will be considered when extenuating circumstances beyond the student's control have prevented the student from abiding by the College's policies, procedures, dates and/or deadlines. The requests must include appropriate supporting documentation; for example, medical documentation, death certificates, etc. See Criteria section below:

Medical - The student suffered an unexpected or unanticipated medical condition during the semester, which impairs the student's ability to study where course requirements cannot be satisfied. Medical covers both physical and mental health difficulties. Appropriate medical documentation from a health care provider who provided treatment during the semester in question is required.

Compassionate - The student has experienced a traumatic experience, not related to the student's personal physical or mental health that renders the student unable to complete course requirements.

Death in Family - The death of an immediate family member. Immediate family member is commonly understood to refer to parents, siblings, spouse or child. Withdrawal from courses due to death of other family members (defined as grandparents, aunts, uncles, cousins and friends) are subject to circumstances.

Other Personal/Family Issues - Usually, this refers to illness, accident or stressful situation arising out of extenuating circumstances, being victim of violence/crime, or family dynamics. Consideration is given if an immediate family member is involved (parent, sibling, spouse or child), and does not generally extend to other family members (defined as grandparents, aunts, uncles, cousins and friends).

Employment - The student is experiencing an unexpected change in conditions of employment that is so disruptive that course requirements cannot be completed. For example, the student is required to transfer to a remote location. If a student decided to withdraw from the College to take up a job opportunity, their appeal/request would in most cases be denied.

3. What are the Deadlines for Applying for a Request for Exception?

Requests for exceptions are to be submitted no later than four (4) months after the end of the semester.

| | |
|-----------------|-------------|
| Fall Semester | 30 April |
| Winter Semester | 31 August |
| Summer Semester | 31 December |

If extenuating circumstances prevent the student from submitting the request within the four (4) months, a rationale for considering the request after the deadline is required.

Note: To avoid incurring penalties (such as late fees and holds etc.), students should ensure all outstanding balance(s) are paid in full. Withdrawals may affect student loan eligibility; therefore, students should discuss with Enrolment Services prior to submitting a request for exception.

Request for Exceptions Instructions

INSTRUCTION SHEET

1. Read and review the Appeal of Educational Decisions Policy:
<https://www.douglascollege.ca/sites/default/files/docs//Appeal%20of%20Educational%20Decisions.pdf>
2. It is recommended you consult with a recognized College Appeal Support Person when preparing your submission.
3. Complete the Request for Exception form.
4. Provide a written statement outlining the nature and rationale for the request for exception, and the extenuating circumstance(s).
 - a. **If the four (4) months deadline has passed**, a statement along with any documentation explaining why this deadline was missed.
 - b. **If the request is to withdraw from some courses but not all courses in the same term**, a statement explaining the request is required.
5. Instructor Form - *completed by the instructor whenever possible*
 - a. The Instructor Form is to be completed for each course you are requesting an exception for.
 - i. If the Instructor is not reachable, please contact the Department Chair/Coordinator or Dean.
 - b. If you never attended class, a confirmation email from the instructor is acceptable.
 - i. Faculty Directory: <https://www.douglascollege.ca/faculty-directory>
6. What Other Forms Might I Need?
 - a. Appendix A - Medical Questionnaire
This form is to be completed by a health care professional where the request for exception is due to medical reasons.
7. What other Documentation Might I Need?
 - a. Other medical documentation
 - b. Other third party documentation such as death notice, police or accident report(s).
 - c. Travel documents

CHECKLIST confirming REQUEST for EXCEPTION FORM is complete and all supporting documentation is included

- Request for Exception Form - Completed
- Written Statement/Cover letter
- Instructor feedback
- Medical documentation (as applicable)
- Other documentation that supports the circumstances and events described in the written statement/cover letter



Request for Exceptions Form

| STUDENT INFORMATION | | | | | |
|---|----------------|---|---|---|-----------------------------|
| Student Number: | | | Student Name: | | |
| Phone Number: | | | Email Address: | | |
| Student Signature: | | | Date (DD/MM/YY): | | |
| REQUEST FOR EXCEPTION (SELECT ALL THAT APPLY) | | | | | |
| <input type="checkbox"/> Drop course(s) past deadline | | <input type="checkbox"/> Change UN to W | | <input type="checkbox"/> Tuition Refund | |
| <input type="checkbox"/> Other (please indicate): _____ | | | | | |
| LIST OF COURSE (S) | | | | | |
| CRN | COURSE SUBJECT | COURSE NUMBER | TERM | YEAR | DATE OF LAST CLASS ATTENDED |
| | | | <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer | | |
| | | | <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer | | |
| | | | <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer | | |
| | | | <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer | | |
| | | | <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer | | |
| OFFICE USE ONLY | | | | | |
| Adjudicator Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Future Requests of this Nature will not be Considered <input type="checkbox"/> Partial Approved <input type="checkbox"/> Insufficient Documentation | | | | | |
| ADJUDICATOR NOTES: | | | | | |
| | | | | | |
| | | | | | |
| Adjudicator: | | Adjudicator Signature: | | Date (DD/MM/YY): | |
| RECORDS NOTES: | | | | | |
| | | | | Date Received: Enrolment Services | |
| | | | | | |
| | | | | | |
| Changes Entered By: | | | Date Entered (DD/MM/YY): | | |



Request for Exceptions Form - Instructor Feedback

INSTRUCTOR FORM – TO BE COMPLETED BY THE INSTRUCTOR, DEPARTMENT CHAIR/COORDINATOR, DEAN, OR DESIGNATE

- The student is responsible for obtaining complete information from the Instructor, Department Chair/Coordinator, Dean, or Designate for each applicable course.
- One form for each course. Make appropriate copies as needed.
- Completion of the form does not imply support from the Instructor.

STUDENT INFORMATION

| | | |
|--|------------------------------|-------------------------|
| Student Number: | Student Name: | |
| Course: | Section: | Term: |
| Last Date Attended (DD/MM/YY): | | |
| Please provide any information you have on the student's attendance. This may include percentage of course attended. | | |
| What percentage of the course work has been completed by the student? | | |
| How was the student's attendance in your course? | | |
| Were any accommodations requested by or offered to the student? | | |
| Any further comments related to the student's attendance and/or performance? | | |
| Instructor Name: | Instructor Signature: | Date (DD/MM/YY): |

Collection Notice

Your personal information is collected by Douglas College under the authority of Section 27 (2) of the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used to process your Request for Exception form. Questions about the collection of this information may be directed to the Associate Registrar at 604-527-5358 or email reg_admin@douglascollege.ca.



Request for Exceptions Form: Appendix A - Medical Questionnaire

INFORMATION

- To be used by students who are requesting an exception to an Educational Policy based on medical reasons.

INSTRUCTION

- Part A to be completed by the student.
- Part B to be completed by a Physician or Health Care Provider
 - A Health Care Provider is an Indigenous Elder, an individual who is registered with the College of Physicians and Surgeons of BC, a Dentist registered with the College of Dental Surgeons of BC, a registered psychologist of the College of Psychologists of BC, a Nurse Practitioner registered with the BC College of Nursing Professionals or an equivalent registered professional out of the Province.
- Note: Submission of this form does not guarantee approval of your request for exception.

PART A: STUDENT INFORMATION

| | |
|---|-------------------------|
| Student Number: | Student Name: |
| Release of Information: I authorize the following health care provider(s) to discuss the information noted on this form with Douglas College as necessary. Name(s) of Health Care Provider(s): | |
| Student Signature: | Date (DD/MM/YY): |

PART B: MEDICAL INFORMATION (To Be Completed by a Physician/Health Care Provider)

Please do not provide a medical diagnosis or prognosis, but only speak to the student's ability to complete coursework.

- How long has the student been a patient or client?
How long has the student been seeing you regarding this specific medical condition?
- Do you have sufficient information to speak to the student's ability to complete coursework during the time period indicated by the student?
 Yes No
 If no, what time period can you speak to?
- How does this condition prevent the student from completing course activities such as attending classes, completing homework assignments, etc.?

I verify that I am providing or have provided care to the above named student and in my opinion this student has medical and/or compassionate reason which have, or will severely inhibit his/her ability to successfully complete the course(s) noted.

| | | |
|---|--|-------------------------|
| Physician/Health Care Provider Name: | Physician/Health Care Provider Signature: | Date (DD/MM/YY): |
| Physician/Health Care Provider Phone Number: | Physician/Health Care Provider Office Stamp/Seal: | |
| Physician/Health Care Provider MSP Number: | | |