DOUGLAS COLLEGE ENROLMENT SERVICES PO Box 2503 New Westminster, BC Canada V3L 5B2 New Westminster and Coquitlam douglascollege.ca Phone: 604-527-5478

 $\textbf{Email:} \ \underline{\textbf{exceptionrequest@douglascollege.ca}}$ 



## **Request for Exception: Instructor Feedback Form**

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):
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## **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 reg\_admin@douglascollege.ca.