

Request for Exceptions (Petition Form)

INFORMATION

- The Educational Policy Appeal Petition 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.
- Appeals or requests for late withdrawals will be considered when extenuating circumstances beyond the student's control have prevented the student from participating in or completing the course(s). 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 understood to refer to parents, siblings, spouse or child. Withdrawal from courses due to death of non-immediate family members (defined as grandparents, aunts, uncles, cousins and friends) are generally not given the same consideration as immediate family members, but 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), but does not generally extend to non-immediate 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.
- Appeals and/or requests are to be submitted no later than four (4) months after the end of the semester. 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.
- 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. Students should discuss with Financial Aid and Awards prior to submitting this request/appeal.

INSTRUCTIONS

- Read and review the **Student Appeals Policy** (<https://www.douglascollege.ca/-/media/F807FE345A0A480486FC52E436140929.ashx>)
- Consult with one of the following, if assistance is required prior to completing this form:
 - College Counsellor;
 - Douglas Students' Union Ombudsperson;
 - Aboriginal Student Services Coordinator.
- Use this form for appealing or requesting an exception to an Educational Policy and/or procedure under extenuating circumstances.
- Provide a written statement outlining the nature and rationale for the appeal or request for an exception, and the extenuating circumstance(s).
 - If the appeal or request is to withdraw from some courses and not all courses in the same term, a statement explaining the request.
 - If the four (4) months deadline has passed, a statement along with documentation explaining the missed deadline.
- The Instructor Form is to be completed for each course being appealed/requested for an exception. If the instructor is not reachable, please contact the Department Chair/Coordinator, or Dean.
- Appendix A - Medical Questionnaire is to be completed by a health care professional where the request for an exception is due to medical reasons.
- Completed Request for Exception (Petition) forms and supporting documentation may be submitted in person to the Registrar's Office at either the Coquitlam or New Westminster campus. Questions about this process can be directed to petitions@douglascollege.ca.

Date Received:
Registrar's Office



Request for Exceptions (Petition Form)

STUDENT INFORMATION					
Student Number:			Student Name:		
Mailing Address:					
City:		Province:		Postal Code:	
Phone Number:		Email Address:			
Student Signature:				Date (DD/MM/YY):	
APPEAL/REQUEST 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 (50%)		<input type="checkbox"/> 4 Month Deadline
<input type="checkbox"/> Graduation Requirement		<input type="checkbox"/> Transfer Credit		<input type="checkbox"/> Other (please indicate):	
LIST OF COURSE (S)					
CRN	COURSE SUBJECT	COURSE NUMBER	TERM (Eg. Fall, Winter, Summer)	YEAR	DATE OF LAST CLASS ATTENDED
OFFICE USE ONLY					
Adjudicator Decision:			Notes:		
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied	<input type="checkbox"/> Late add fee of \$50 applies		
<input type="checkbox"/> Partial Approved		<input type="checkbox"/> Insufficient Documentation	<input type="checkbox"/> Last time to miss a deadline		
		<input type="checkbox"/> Refer to Appeals Committee	<input type="checkbox"/> Future requests of this nature will not be considered		
		<input type="checkbox"/> Other comments:			
Adjudicator:		Adjudicator Signature:		Date (DD/MM/YY):	
RECORDS NOTES:					
Changes Entered By:			Date Entered (DD/MM/YY):		



Request for Exceptions (Petition Form): Instructor Form

INSTRUCTOR FORM – TO BE COMPLETED BY THE INSTRUCTOR, DEPARTMENT CHAIR/COORDINATOR, DEAN, OR DESIGNATE		
<ul style="list-style-type: none"> ▪ 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):	Overall Attendance:	
Performance (please specify the date and results of any evaluations):		
Were any accommodations requested by or offered to the student?		
In your opinion, did the student have enough information in order to withdraw by the deadline?		
Any further comments related to the student's attendance and/or performance?		
Instructor Name:	Instructor Signature:	Date (DD/MM/YY):

FREEDOM OF INFORMATION
 The information on this form is collected by Douglas College under the authority of the College and Institute Act, and Section 27(2) of the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used to decide on your request for exception. If you have any questions about the collection and the use of this information, please contact privacy@douglascollege.ca.



Request for Exceptions (Petition 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 Aboriginal 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 College of Registered Nurses of BC or an equivalent registered professional out of the Province.

*Note: Submission of this form does not guarantee approval of your appeal/request.

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)		
1. How long has the student been a patient or client?		
2. Do you have sufficient information to speak to the student's ability to complete coursework during the time period indicated by the student? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what time period can you speak to?		
3. How does this condition prevent the student from completing course activities such as attending classes, completing homework assignments, etc.?		
4. In your opinion, and given the nature of the student's condition, when do you recommend the student to return to studies at Douglas College?		
<i>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.</i>		
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:		