

GENERAL INFORMATION

The deadline for dropping a course without receiving a failing grade is September 19 for the Fall semester and February 14 for the Winter semester.

After these dates, an Authorized Absence may be requested for medical or other reasons of a grave and serious nature and must be supported with appropriate documentation. In order for an Authorized Absence to be considered it has to meet the following criteria:

- a) The situation must be beyond the student's control (ex. Illness, illness or death of a spouse or family member, accident, etc.)
- b) The situation prevented the student from attending/participating in classes for at least three consecutive weeks during the semester (including exam period, if applicable)

If an authorized absence request is granted, the remark 'IN' (which signifies a permanent incomplete) will appear on the student's transcript for all the approved courses instead of a numerical grade.

PROCEDURE

Complete the attached "**Request for an Authorized Absence**" form.

If the request is for medical reasons, supporting documentation from an appropriate independent healthcare professional (i.e. Doctor, Psychologist...) must be provided. Attach original medical documents to your request. The "Medical Report" on the back of the Authorized Absence Request form can be used for this purpose. (Note: if your doctor's appointment is after the deadline to apply, please submit request and mention that Medical report is to come after appointment).

Supporting documentation from an independent healthcare professional must specify:

- Date of start of illness/incapacity
- Date of diagnosis or evaluation
- Duration of illness/incapacity (must cover a period of at least 3 weeks, including end date, if known)
- Degree of inability to continue studies, whether total or partial; if partial, the document must specify the impact student's course load, ex. unable to participate in Physical Education class
- Timeframe the student may resume his/her studies, and/or the prognosis.
- Full name and complete address of healthcare professional (printed)
- Complete address of healthcare professional
- License number and signature of healthcare professional

For requests due to other reasons of a grave and serious nature, appropriate supporting documentation must be provided (ex. death certificate, divorce certificate, police report, court documents, etc.)

Students must submit their request before the end of the semester concerned (i.e. the end of the semester is defined as the **Grade Deadline** date for the semester concerned; for exact date consult the *Academic Calendar* on Dawson's website at <http://www.dawsoncollege.qc.ca/registrar>) or for reasons judged exceptional, not later than one year after the end of the semester concerned.

Requests submitted after the end of the semester concerned, must be accompanied by supporting documents as described above as well as a letter from the student explaining the "exceptional" circumstances that prevented him/her from submitting the request by the deadline.

All information supplied will be treated confidentially. Teachers may be informed that an Authorized Absence has been granted to students in their courses but the reason or circumstances will be kept confidential.

In some cases, clearance from a Healthcare professional may be required in order to return to classes.

Any student whose request has been denied can appeal to the Authorized Absence Appeal Committee. The grounds for an appeal are normally limited to the applicant providing **new** evidence that would satisfy the original criteria for applying for an authorized absence or **new** information that would allow a reconsideration of the evidence provided.

REQUEST FOR AN AUTHORIZED ABSENCE
(to be completed and signed by student)

Students must supply all required information before their request will be considered. Please print.

NAME: _____ STUDENT NO.: _____
ADDRESS: _____ PROGRAM NO.: _____
_____ TEL. NO.: _____

Authorized absence requested for the following courses:

Semester: Fall _____ Winter _____ Summer _____

<u>Course & Section No.</u>	<u>Course Name</u>	<u>Course & Section No</u>	<u>Course Name</u>
<i>Ex. 603-102-MQ-03</i>	<i>English</i>	<i>Ex. 603-102-MQ-03</i>	<i>English</i>
√ _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Reason for request for authorized absence:

If request is being made **after the deadline** for the concerned semester, please explain the reason:

I swear that all the information provided is true and accurate. I authorize the Registrar's Office, if necessary, to contact the healthcare provider for purposes of confirming and/or clarifying the authenticity and content of the information provided for this request.

Student's Signature: _____ Date: _____

IF A PERMANENT INCOMPLETE IS GRANTED, THE NOTATION "IN" WILL APPEAR ON YOUR TRANSCRIPT FOR ALL THE APPROVED COURSES.

FOR OFFICE USE ONLY

Decision:

Permanent Incomplete for all the above courses

Permanent Incomplete granted for courses marked above with Registrar's initials

Permanent Incomplete denied, reason _____

Additional requirements:

Dr's note req'd to return 2nd Request Refer to Academic Advising Refer to AccessAbility

Registrar's Signature: _____ Date: _____

MEDICAL REPORT

(to be completed and signed by healthcare provider)

Patient's Name: _____ **Date:** _____

This is to certify that the above-named patient was seen on the following date(s):

The patient was/is unable to attend/participate in classes

from _____ to _____
DD/MM/YY DD/MM/YY

as a result of the following diagnosis:

Degree of inability to attend/participate in classes: complete (all courses)
 partial, specify which course(s):

He/She may resume regular studies as of: _____.
DD/MM/YY

Notes: (you may use this space to provide any other pertinent information, including prognosis)

Name (please print):		
License number:		
Address:		
City		Postal code:
Telephone Number:		
Signature:		
Date:		