

STUDENT BEREAVEMENT / COMPASSIONATE LEAVE REQUEST FORM

Student Name	Student ID
Address	City
Telephone #	Email
Date	

Instructions:

- ✓ Briefly identify the reason you are requesting Bereavement or Compassionate Leave. Please use the back of this form or a separate page if more writing space is needed.
- ✓ Attach supporting evidence. (Note: In the case of a death, Alexander College requires proof of death submitted to Director of Student Affairs within 10 business days of submitting the Bereavement Leave Request Form. Failure to provide proof may result in unexcused absences.
- ✓ Submit this form and supporting evidence to the campus Academic Process Coordinator at either campus or the Director of Student Affairs.

Relation of Deceased to Student:

- Spouse/domestic partner/significant other
- Parents/Step-Parents or Legal Guardians
- Children
- Siblings
- Roommate
- Grandparents
- Legal In-Laws
- Aunts/Uncles/Cousins
- Other, please explain: (If a student loses a family member or friend not covered in this policy, the Bereavement Policy may be considered on a case by case basis by the Director of Student Affairs) _____

Date of Knowledge of Death: _____

Beginning Date of Leave: _____

Date Returning to School: _____

With the appropriate notification, students who choose to use the Bereavement Policy will be permitted up to 3 - 5 consecutive days of absence from class (not including weekends or holidays). This may be dependent on the nature of the course, and based on the number of classes per term.

Travel days for attending funeral services or spending time with family may be granted with proof from the student that travel has been booked (i.e. an airline ticket in the student's name). Students may have up to four more calendar days allowed for international travel. If more than four travel days are needed, this can be addressed on a case-by-case basis with the Director of Student Affairs, if applicable.

Consideration for bereavement leave may also be given if a family member is terminally ill or in palliative care if the student can show substantive medical evidence of the condition. These situations will be considered on a case by case basis.



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Burnaby Campus
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Burnaby British Columbia, V5H 4M4, Canada
Tel. (604) 435 5815 Fax. (604) 435 5895

(Over)

Please indicate the classes you are currently enrolled in, your instructor, and the dates, times and lengths of your scheduled exams throughout the term (final exams only if the time has been posted).

Campus	Course	Instructor	Exam Date	Exam Time	Exam Time Length

Please provide any additional details here:

I certify that the information on this form is true, and understand that providing false documents or misleading information is treated as Academic Dishonesty, which will be dealt with seriously by the College.

Student Signature: _____

Date: _____