

## ATTENDANCE POLICY REQUEST FORM

The purpose of this form is for students to submit a request to be permitted to write the final exam for a course in which they have earned an attendance percentage below the required class minimum as outlined by the instructor in their course syllabus (exception: EAP courses require 75%, UPRE 90%).

Requests are normally approved for unforeseen reasons affecting a student's ability to attend classes for a long period of time, such as extended stays in hospital, emergency flights out of country, sudden health conditions, etc. A situation that falls under the college's accommodations policy will not be considered for an attendance appeal.

- ❖ **This form must be submitted to the Office of Student Affairs by email [studentaffairs@alexandercollege.ca](mailto:studentaffairs@alexandercollege.ca) by 4:00 pm on the posted Attendance Appeal Deadline date (refer to semester schedule). Late forms will not be accepted after the deadline though may be considered on a case by case basis.**
- ❖ **A final decision will be made based on the information written on this form. The decision will be emailed to the student. Additional information will not be accepted after a decision has been made or to change a decision.**
- ❖ **Complete all fields including the checklist. Attach supporting evidence. Incomplete application will not be processed.**

Student Name	Student ID
Address	City
Telephone #	Email

- Attach supporting evidence to this form.** Supporting evidence is required.
- Submit this form, with supporting evidence, to the Office of Student Affairs by email [studentaffairs@alexandercollege.ca](mailto:studentaffairs@alexandercollege.ca).** Late forms will not be accepted after the deadline though may be considered on a case by case basis.

Course Name and Section	Attendance %	Course Instructor
1.		
2.		
3.		

**Why were you unable to meet the attendance requirement(s) of the course(s)?**

*I understand that a final decision will be made based on the information and supporting evidence that I provide with this form. I understand that I cannot come back later with more information or a different reason for appeal.*

**Student Signature**

**Date**



**Vancouver Campus**  
#100-602, West Hastings Street  
Vancouver British Columbia, V6B 1P2, Canada  
Tel. (604) 681 5815 Fax. (604) 681 5819

**Burnaby Campus**  
#101-4603, Kingsway  
Burnaby British Columbia, V5H 4M4, Canada  
Tel. (604) 435 5815 Fax. (604) 435 5895

**OFFICE USE ONLY** *(Please do not write in this area)*

**Student Attendance and/or Academic Record**

**Comment from Instructor**

**Comment from Director**

**Committee Decision**

**Name (please print)**

**Signature**

**Date Signed**

**Date Student Notified**