

STUDENT BEREAVEMENT / COMPASSIONATE LEAVE REQUEST FORM

Student Name	Student ID
Address	City
Telephone #	Email

❖ **Complete all fields including the checklist. Incomplete application will not be processed.**

- 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 (e.g. death certificate, medical note from palliative care, flight ticket (if applicable). Failure to provide proof may result in unexcused absences.
- Submit this form and supporting evidence to the Office of Student Affairs by email studentaffairs@alexandercollege.ca

With the appropriate notification, as per the Bereavement Policy (see the Academic Calendar or the relevant Office of Student Affairs page), students will be permitted up to 3 - 5 consecutive days of absence from class (not including Sundays or holidays). This may be dependent on the nature of the course, and based on the number of classes per term.

Students may have up to four more calendar days allowed for international travel (an airline ticket in student's name is required). 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.

Relation of Deceased to Student: _____ Date of Knowledge of Death: _____

Beginning Date of Leave: _____ Date Returning to School: _____

Please indicate the classes you are currently enrolled in and the exam dates if scheduled during your leave.

Campus	Course	Instructor	Exam Date (if scheduled during the leave)

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: _____



Alexander College

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Burnaby British Columbia, V5H 4M4, Canada
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OFFICE USE ONLY *(Please do not write in this area)*

Date received:

Comments

Administrator Name (please print)

Signature

Date Signed

Date Student Notified

Date Instructors Notified