

STUDENT BEREAVEMENT / COMPASSIONATE LEAVE REQUEST FORM

Alexander College believes strongly in the principles of natural justice and student self-advocacy

With the appropriate notification, as per the Bereavement Policy (see the Academic Calendar or the relevant Office of Student Rights and Responsibilities page), students will be permitted up to 3-5 calendar days, and additional 4 days may be permitted for international travel.

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.

Student Name	Student ID
Full Address	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 Rights and Responsibilities by email srr@alexandercollege.ca

Relation of Deceased or Hospice Patient 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.

Course Name	Course Delivery Method (in-person or online)	Instructor Name	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: _____