

REQUEST FOR RECOGNITION OF MAJOR FUNCTIONAL DISABILITY STATUS

STUDENT IDENTIFICATION

Student's last name: _____ Permanent code: _____

Student's first name: _____

Address: _____

Street

City

Postal code

Telephone: _____

STUDENT AUTHORIZATION

I authorize all necessary health care professionals, hospital representatives or any other organization to provide any pertinent information regarding the status of my health to Cégep à distance.

Cégep à distance agrees to respect the privacy of the information printed on this form and will not make any copies of this document.

Student's signature

Date

MEDICAL REPORT (to be completed by the health care professional)

Note to the doctor or specialist:

- The person who is remitting this form to you will do a request for registration at Cégep à distance. If the major functional deficiency is recognized, this student with this status can receive tuition-free studies at Cégep à distance upon admission to a program leading to a Diploma of Collegial Studies (DCS/DEC). The student will have the possibility, if their condition requires it, to study part-time while being reputed to be a "full-time student".
- The request form must be completed by a doctor or by a specialist working in the domain of the disability in question.
- Given the financial benefits that this form engenders, it is important to complete the form in full, with accurate and complete information. This will allow Cégep à distance to make an informed and equitable decision regarding the applicant's request.

RECOGNITION OF THE MAJOR FUNCTIONAL DISABILITY BY THE DOCTOR

A functional disability must entail significant and persistent limitations on normal every-day activities to be recognized. Please note that the student is enrolled in distance education studies and can therefore study at home. The student studies at their own pace and has six months to complete all of their assignments. They must then write an exam no later than three months after their final assignment is marked. Exams are generally held at a CEGEP within the student's region. Distance education students are autonomous and work independently on their learning activities. Thus they need to manage the pace of their studies and to motivate themselves.

1. Which of the following categories best represents the student's disability?

- Sight-related disability Serious hearing disability Motor-function disability
 Organ-related disability Mental illness or related issue

Diagnosis: _____

2. What are the medical complications related to the diagnosis?

3. The disability is: Temporary Permanent

4. Is the disability still evolving? (Explain) Yes No

5. How does the issue prohibit the student from studying full-time (180 hours of instruction or 4 courses per semester) at home via distance education?

HEALTH CARE PROFESSIONAL'S INFORMATION

Only legally authorized health care professionals are allowed to sign this form (signature stamps will be refused).

Name of the health care professional (written in CAPITALS): _____

Permit number (C.P.M.Q.) : _____

Adresse : _____
Street City

Postal code Telephone

Signature (*do not use a signature stamp*)

Date

Send the original copy by mail.
Any fees incurred from this report shall be assumed by the student.
All incomplete documents will be returned to the student.