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Télécopieur : (514) 864-6400

CÉGEP À DISTANCE

REQUEST FOR PERMANENT INCOMPLETE

STUDENT INFORMATION

Student's last name: _____ Permanent code: _____

Student's first name: _____ _____

Address: _____
Street

_____
City

_____ Telephone : _____
Postal code

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 health care professional:
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.

Health-related issue:

_____

_____

_____

_____

verso

Start date for the student's discontinuation: _____

Estimated date of return to studies: _____

If the date is not determined, please specify the approximate duration of the absence:

from:_____ to:_____

Does the student also need to stop working?:_____

In what manner does the health-related issue prevent the student from studying at their own pace in a distance education program? Please explain clearly:

_____

_____

_____

_____

_____

Is it a time management problem?:_____

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 (***please print***): _____

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

Address: _____
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.