

REQUEST FOR INCOMPLETE  
COVID 19

**STUDENT INFORMATION**

Student's last name: \_\_\_\_\_ Permanent code: \_\_\_\_\_  
Student's first name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ Telephone: \_\_\_\_\_  
Postal code \_\_\_\_\_

**STUDENT AUTHORIZATION**

I authorize Cégep à distance to obtain any pertinent information regarding this request.  
Cégep à distance agrees to respect the privacy of the information printed on this form.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

**COVID 19 SITUATION**

Please briefly explain the reasons why you are requesting an incomplete and indicate if your request applies to your course or to your internship.

Course: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Internship : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_