

## REQUEST FOR INCOMPLETE

### STUDENT INFORMATION

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 handwritten signature

\_\_\_\_\_  
Date

### MEDICAL REPORT

**(TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL. ONLY HANDWRITTEN FORMS WILL BE ACCEPTED)**

#### 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. He must then write an exam online no later than three months after their final assignment is marked. Distance education students are autonomous and work independently on their learning activities.

#### Health-related issue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent code : \_\_\_\_\_

Start date for the student's discontinuation: \_\_\_\_\_

Estimated date of return to studies: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
Handwritten signature (*do not use a signature stamp*)

\_\_\_\_\_  
Date

***Any fees incurred from this report shall be assumed by the student.***

***All incomplete documents will be refused.***

***Send to the address : [infoscol@cegepadistance.ca](mailto:infoscol@cegepadistance.ca)***