

REQUEST TO TRANSMIT A FAILING GRADE

STUDENT INFORMATION

Family name : _____ First name : _____
Permanent code : _____ Telephone : _____

REQUEST TO TRANSMIT A FAILING GRADE FOR THE FOLLOWING COURSE(S):

Course code : _____ - _____ - _____
Course code : _____ - _____ - _____
Course code : _____ - _____ - _____
Course code : _____ - _____ - _____

IDENTIFICATION

Student's proof of identity
Place a valid identity card *with signature* in this box
(provincial health card, driver's licence
or other government-issued identification card)

SIGNATURE

Handwritten signature : _____ Date : _____

Please scan the completed form. Make sure that all parts of the form are legible. Your request must be submitted by e-mail at the following address: infoscol@cegepadistance.ca. **Student's signature is mandatory.**

RESERVED FOR USE BY CÉGEP À DISTANCE

Confirmed : _____ - _____ - _____
 Y M D

EC Transmitted : _____ - _____ - _____
 Y M D