

## REQUEST FOR EXTENSION FOR MEDICAL REASON

The information in **Student information** section are mandatory prerequisites for Cégep à distance to process your request. This information remains confidential and will only be used for the purpose of evaluating your application.

This request must be accompanied by a medical certificate signed by a healthcare professional. Your request must also be received by Cégep à distance no later than five (5) business days after the assignment submission deadline date or final evaluation date for your course.

To request an extension on an assignment, you must have had at least one assignment corrected, and the mark must be recorded in your file.

Extension period:                      Assignments two (2) months                      ||                      Exam(s) ·one (1) month

STUDENT INFORMATION			
Last name: _____	First name: _____		
Permanent Code: _____			
I REQUEST AN EXTENSION FOR:			
Course number: _____ - _____ - _____	Assignments	<input type="checkbox"/>	Exam(s) <input type="checkbox"/>
Course number: _____ - _____ - _____	Assignments	<input type="checkbox"/>	Exam(s) <input type="checkbox"/>
Course number: _____ - _____ - _____	Assignments	<input type="checkbox"/>	Exam(s) <input type="checkbox"/>
Course number: _____ - _____ - _____	Assignments	<input type="checkbox"/>	Exam(s) <input type="checkbox"/>
SIGNATURE			
<b>Student's signature is mandatory.</b>			
Handwritten signature: _____		Date: _____	

Your request must be submitted by e-mail at the following address: [infoscol@cegepadistance.ca](mailto:infoscol@cegepadistance.ca)