

Appendix C: Request for Retroactive Accommodations Form

Please refer to policy section 7.4.18

(To be completed when informal process is unsatisfactory)

Please Print

Last Name First Name Program

I am requesting retroactive accommodations for term:

Year: _____

Semester: _____

Please identify the parties involved:

- ☐ Counsellor: _____
- ☐ Instructor: _____
- ☐ Program: _____
- ☐ Department: _____

Please provide the details of your request:

Date: ____ / ____ / ____
 DD MM YY

Please submit this form along with all supporting documentation to the attention of the Director, Student Services.

email: studentservices@stclaircollege.ca
South Campus Room A2110