

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 Student Services Director.
Arthur Barron
abarron@stclaircollege.ca
South Campus Room 206