

Langara.

THE COLLEGE OF HIGHER LEARNING.

100 West 49th Avenue, Vancouver, BC V5Y 2Z6

Tel: 604-323-5511 Fax: 604-323-5487 (Student Health Services)

Registrar & Enrolment Services

REQUEST FOR SPECIAL CONSIDERATION (DEFERRED STANDING OR AEGROTAT GRADE)

Students who are unable to complete course requirements (including final examinations) due to extenuating circumstances may apply to the Registrar to receive course credit based on either Deferred Standing or an Aegrotat grade. For an explanation of these two options, and what is accepted as extenuating circumstances, students must examine Policy E2007: Course Credit: Special Consideration.

Students who are receiving Government Assistance (loans, grants, etc.) should check with the Financial Aid Office before proceeding with this application as the results may affect their student assistance status.

Please complete Section 1 and have your doctor complete Section 2 and return directly to:

The Medical Director of Student Health Services, Langara College, 100 West 49th Avenue, Vancouver, BC, V5Y 2Z6

Application Deadlines: **Deferred Standing:** No later than the last day of Final Examinations
Aegrotat Grade: No later than the last working day of the first month of the semester immediately following registration in the course(s) in question.

1 TO BE COMPLETED BY STUDENT

Student's Name _____ Langara ID #: _____ Phone #: _____

I wish to be considered for Deferred Standing or Aegrotat Grade for the following course(s):

Course	Examination Date (if missed Final Exam)	Course	Examination Date (if missed Final Exam)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RELEASE OF INFORMATION - I authorize my physician to discuss this information as necessary.

Student's Signature Date

2 TO BE COMPLETED BY YOUR DOCTOR (in cases where personal illness prevents the student from completing the course requirements)

(Form must be submitted directly to Langara by your doctor's office)

This student is unable to complete course requirements on the date(s) from _____ to _____ for medical reasons, and in my opinion should be considered for Deferred Standing or an Aegrotat Grade: Yes No

Please state diagnosis and your prognosis. (Confidential)

Doctor's Signature Date

Please stamp or print Doctor's name and address:

Doctor: Please return completed form and mark "Confidential" to:
The Medical Director of Student Health Services, at the above address.
Please note: The Medical Director of Health Services may contact you for further information regarding your medical certificate.