

Appendix A (Confidential)

REGISTRAR & ENROLMENT SERVICES

TO BE COMPLETED BY AN APPROPRIATE PROFESSIONAL

An appropriate professional is an Indigenous Elder, an individual who is registered with the College of Physicians and Surgeons of BC, a Dentist registered with the College of Dental Surgeons of BC, a registered Psychologist of the College of Psychologists of BC, a Nurse Practitioner registered with the College of Registered Nurses of BC; or an equivalent registered professional out of the Province.

1. Langara ID (to be provided by the student):

2. Patient Full Legal Name:

3. Patient Date of Birth (YYYY/MM/DD):

4. How long has this student been a patient?

5. When did this student first see you regarding this extenuating circumstance?

6. In your opinion, is it necessary for the student to withdraw from all studies for the affected semester? Yes No

7. Due to extenuating circumstances, the student is/was unable to attend classes and complete coursework on the dates from:

_____ to _____

8. How does the extenuating circumstance impact the student's ability to attend classes and complete coursework?

9. Comments:

Professional's title: _____ Professional's full name: _____

Professional's signature: _____ Date (YYYY/MM/DD): _____

STAMP OR PRINT PROFESSIONAL'S NAME AND ADDRESS:

Once completed, please submit this to [Student Appeal Request Form](#).

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THE COLLEGE OF HIGHER LEARNING.

Langara.

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