Accommodation Application for Approved Student Activity

Student Name:		ID:	Email:		
List all course c	odes and affected activiti	es and/or assignments:	_		
			Accommodation Request		
Course Code(s)	Instructor	Department	(e.g. test, exam, assignment deadline, required activity)		
Nature of the eve	ent:				
Date and location	n of event:				
Date and time of	travel:				
Rationale (please	e attach relevant documenta	ition):			

Name and email address of Brock University	instructor or coach associated with the event (if applic	able):
Signature of instructor/coach associated wit	th the event:	
Date of request:		
Signature of student:		
Course instructor approval:		
Name	Signature	

It is the responsibility of the student to submit this form to their instructor. Students must submit this form to the relevant instructors for permission well in advance of the event.

Unresolved dispute between the student and instructor may be appealed first to the Department Chair or Director (of the unit offering the course) and thereafter to the Dean of the Faculty (offering the course).