Work-Integrated Learning (WIL) Academic Review Form

The purpose of this form is to document decision-making rationale pertaining to students who have not successfully complete all pre-requisite courses required for work-integrated learning opportunities and may still be eligible for a placement. Please forward the completed form to the Work-Integrated Learning Coordinator (workexperience@nscc.ca) and the Assistant Registrar at your campus.

STUDENT INFORMATION

Student Name: _____ Program: _____

Student ID: _____ Campus: _____

Faculty: _____

EXCEPTIONAL CIRCUMSTANCES

Reason for request: _____

_____

Outstanding Course: _____

Course critical part of program? ☐ No ☐ Yes

Supplemental scheduled? ☐ No ☐ Yes Date: _____

Academic plan in place? ☐ No ☐ Yes

Risk assessment/safety of the student and/or other parties has been reviewed? ☐ No ☐ Yes

DECISION

Student qualifies for Work-Integrated Learning? ☐ No ☐ Yes

SIGNATURE

_____ _____ _____

Academic Chair Signature Date