

## 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@nsc.ca](mailto:workexperience@nsc.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