



Video Request Form

This form is to be completed by the student who is requesting the video record(s) for an online course they were/are not able to attend. Completed forms must then be submitted to administration.

***All requests must be made at least 1 week in advance of any tests.**

Student Information

First Name:

Student Number:

Last Name:

Request Details

Course Code:

Course Name:

Instructor Name:

Date(s) of lecture:

Reason for Absence

Is this occurrence:

one-time

continuous

Please attach all supplementary documents with your submitted form.



Ontario College of Traditional Chinese Medicine 安大略中醫學院

Study Plan (Briefly explain how you will use the video(s) for self-study)

Conditions

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Student’s Name

Student’s Signature

Date

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Date Received	Staff Signature
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