Family Status Information Form

Access and Support Centre

For more information or to request alternate formats of this form for accessibility, please contact asc@durhamcollege.ca

Student First Name: Last Name:

Student Banner Number:

Which academic requirements impact your family caregiving responsibility?

What arrangements have you made for family care?

If known, what are the dates these responsibilities begin and end?

Start: End:

What options have you explored in attempting to support your family member(s) prior to submitting this request?

Does your request relate to caregiving responsibilities arising from a health-related condition of a family member? If yes, please describe the functional impact on your caregiving responsibilities (e.g., need for supervision, appointments, recovery support). Please do not include medical diagnosis or treatment details.

Is there anything specific that could be adjusted or supported in your academic environment to assist you during this time?

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