Request for Academic Accommodation Form  
School of Health Studies

Student Name: ____________________________________   Program year: _______________

Student #: 250_________________ Student Western email address: ______________________

<table>
<thead>
<tr>
<th>Western Course Number</th>
<th>Professor’s Name</th>
<th>Missed Assignment(s) and Weight</th>
<th>Due Date and Time of Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Health Sci 4240G</td>
<td>e.g. Shauna Burke</td>
<td>e.g. Midterm, worth 20%</td>
<td>e.g. March 9, 2015 @9:00 a.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Documentation Attached to Form:
*Documentation provided must clearly indicate the date(s) of the missed material*

Medical Note (preferably a Western Student Medical Certificate):   Yes / No

Western Student Health Services (medical release form must be complete):   Yes / No

Intercollegiate Athletics Commitment Verification Form:   Yes / No

Other (please specify): ________________________________________________________

Please read and check box before signing: I confirm that the information provided above is truthful and accurate. I understand that if false information is provided and verified it will result in the accommodation request being denied. Information regarding the falsification will be provided to the School’s Undergraduate Program Chair. □

Student Signature: ____________________________________   Date: _________________________

For SHS Office use only:
Counsellor Approval: ☐ ☐   Counsellor Initials: WL  AL   Date:______________________________

NOTE: Once academic accommodation has been approved, the professor(s) will be emailed. Students should then communicate with their professor(s) directly regarding make-up work, recognizing that the date(s) and form(s) of accommodation are at the discretion of each individual professor.