

## **NO DOCUMENTATION DECLARATION**

Academic Counselling, Science and Basic Medical Sciences | NCB 280 www.uwo.ca/sci/counselling | p: 519-661-3040 e: scibmsac@uwo.ca

| Section #1: Student Information  |  |            |       |
|--|--|------------|-------|
| Student #:   |  | Date:      |       |
| First Name:  |  | Last Name: |       |
| Western<br>EMAIL:  |  | Phone:     |       |
| Section #2: What Happened and What is the Reason Why No Documentation can be Submitted   |  |            |       |
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| By signing below, I acknowledge that this request is <b>an exceptional one</b> and in cases where the outcome was a result of my own action I will strive to never repeat it as <b>repeated offences are unlikely to be approved</b> . |  |            |       |
| Student Signature:   |  |            | Date: |
|  |  |            |       |
|  |  |            |       |
| For ACADEMIC COUNSELLING OFFICE USE ONLY:  |  |            |       |
| Student Seen by: Date:   |  |            |       |
| NOTES:   |  |            |       |
|  |  |            |       |