

NO DOCUMENTATION DECLARATION

Academic Counselling, Science and Basic Medical Sciences | WSC 140 www.uwo.ca/sci/counselling | p: 519-661-3040 f: 519-661-3325 e: scibmsac@uwo.ca

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