

Request for Academic Consideration Form

School of Health Studies

STUDENT INFORMATION

| | | | |
|---------------------|--|----------------------|--|
| Student Name | | Student # | |
| Program Year | | Western Email | |

REASON FOR CONSIDERATION

- ☐ Compassionate
☐ Varsity
☐ Medical / Mental Health

☐ Conflict (*exam / test / quiz*)
☐ Religious Holiday / Holy Day
☐ Other: _____

COURSE COMPONENTS AFFECTED BY ABSENCE

| Course subject & number (<i>e.g. Health Science 1001A</i>) | Professors Name (<i>e.g. Shauna Burke</i>) | Accommodation is being requested for: | |
|---|---|---|-------------|
| | | Component | Date & Time |
| | | <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz/Midterm <input type="checkbox"/> Class <input type="checkbox"/> Lab/Tutorial | |
| | | <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz/Midterm <input type="checkbox"/> Class <input type="checkbox"/> Lab/Tutorial | |
| | | <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz/Midterm <input type="checkbox"/> Class <input type="checkbox"/> Lab/Tutorial | |
| | | <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz/Midterm <input type="checkbox"/> Class <input type="checkbox"/> Lab/Tutorial | |

I write with Accommodated Exams (Student Accessibility Services): ☐ YES ☐ NO

PLEASE READ: 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 consideration request being denied. Information regarding the falsification will be provided to the School's Undergraduate Program Chair.

NOTE: Once academic consideration 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 consideration are at the discretion of each individual professor.

Student Signature: _____ **Date:** _____

FOR SHS OFFICE USE ONLY

| | | | |
|------------------|----------------|------------------------------|--------------|
| Approved: | Denied: | Counsellor Signature: | Date: |
|------------------|----------------|------------------------------|--------------|