ACADEMIC CONSIDERATION REQUEST FORM

Western Science Academic Counselling

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

Section #1: Student Information			
Student #:		Date:	
First Name:		Last Name:	
Western EMAIL:		Phone:	

Section #2: Reason for Consideration/Documentation Provided

REASON:
☐ Compassionate
☐ Varsity
☐ Medical/Mental Health   ☐ Other_____
☐ Midterm Conflict
☐ Religious Holiday/Holy Day

DOCUMENTATION PROVIDED:
☐ Student Medical Certificate or Other Type of Medical Note
☐ Intercollegiate Athletics Commitment Verification Form
☐ Other (provide details): _____

NOTE: Medical Documentation must be submitted as soon as possible, but not later than 48 hours after the end of the period of absence covered.

Section #3: Course Components Affected by Absence

DATE:	TIME:	Course Name & Number (ex. Biology 1001a–001)	Course Component		Exam/Midterm Conflicts Only:
CONFLICTS: Please indicate in far right column what you will be rescheduling. Please check makeup times before submitting this form.					
			☐ Class ☐ Lab ☐ Tutorial ☐ Assignment ☐ Test/Quiz	☐ Midterm ☐ Midterm (in class) ☐ Midterm (Special) ☐ Final Exam ☐ Final (Special)	☐
			☐ Class ☐ Lab ☐ Tutorial ☐ Assignment ☐ Test/Quiz	☐ Midterm ☐ Midterm (in class) ☐ Midterm (Special) ☐ Final Exam ☐ Final (Special)	☐
			☐ Class ☐ Lab ☐ Tutorial ☐ Assignment ☐ Test/Quiz	☐ Midterm ☐ Midterm (in class) ☐ Midterm (Special) ☐ Final Exam ☐ Final (Special)	☐
			☐ Class ☐ Lab ☐ Tutorial ☐ Assignment ☐ Test/Quiz	☐ Midterm ☐ Midterm (in class) ☐ Midterm (Special) ☐ Final Exam ☐ Final (Special)	☐

PLEASE READ: I confirm that the information provided is complete & accurate. I understand that it is my responsibility to inform my professors as well as the Dean's Office about absences in a timely manner so that appropriate arrangements can be made.

Exam/Midterm Conflicts: By signing below, I confirm that the makeup to the exam/midterm I have chosen to defer does not conflict with another exam/midterm, lab, tutorial or class.

Student Signature: _____   Date: _____

For ACADEMIC COUNSELLING OFFICE USE ONLY:							
Record Checked:		SAS Form Given:		SPC Exam Form Given:		Approved:	Denied:	By:
Additional Doc in LF?		Department/Student Notified (initial):			Date Notified:		
NOTES:							

V10 06/013/18