

# Submission of Medical Documentation for Course Appeal

In accordance with the University's Official Student Record Information Privacy Policy:

[http://www.uwo.ca/univsec/pdf/academic\\_policies/general/privacy.pdf](http://www.uwo.ca/univsec/pdf/academic_policies/general/privacy.pdf)

Appellant may choose to submit medical supporting documentation to the Faculty of Science Academic Counsellors, instead of the Instructor and/or Undergraduate Chair. In this case, only the dates covered by the documentation will be released to the instructor and/or Undergraduate Chair. Details of medical information will not be disclosed.

Complete and sign this form to submit your medical documentation to Academic Counsellors.

Section #1: Student Information			
Student #:		Date:	
First Name:		Last Name:	
Western EMAIL:			
Section #2: Documentation Provided			
<b>REASON:</b> <input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____		<b>DOCUMENTATION PROVIDED:</b> <input type="checkbox"/> Student Medical Certificate or Other Type of Medical Note <input type="checkbox"/> Other (provide details): _____	

Course Involved (list all courses being appealed based on reason above)	Component Involved	Instructor Name

I allow Academic Counselling to verify the dates involved, not the private details, to the instructor(s) and/or Undergraduate Chair(s) who ask. I verify that all information submitted is complete and accurate.

I understand that my appeal may be declined by the instructor(s) and/or Undergraduate Chair(s) due to insufficient information, and then I may direct my appeal to the Associate Dean Academic for a full consideration with all supporting documentation on file taken into account.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For ACADEMIC COUNSELLING OFFICE USE ONLY:			
Record Checked:		Laserfiche Checked:	By:
NOTES:			