

ACADEMIC CONSIDERATION REQUEST FORM

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: Reason for Consideration/Documentation Provided	
REASON: <input type="checkbox"/> Compassionate <input type="checkbox"/> Varsity <input type="checkbox"/> Illness <input type="checkbox"/> Other _____ <input type="checkbox"/> Midterm Conflict <input type="checkbox"/> Religious Holiday/Holy Day	DOCUMENTATION PROVIDED: <input type="checkbox"/> Student Medical Certificate or Other Type of Medical Note <input type="checkbox"/> Intercollegiate Athletics Commitment Verification Form <input type="checkbox"/> Other (provide details): _____

NOTE: Medical Documentation must be submitted within 2 business days of end of illness as indicated by the doctor/health care professional

Section #3: Course Components Affected by Absence				
DATE:	TIME:	Course Name & Number <small>(ex. Biology 1001a-001)</small>	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.				
			<input type="checkbox"/> Class <input type="checkbox"/> Midterm <input type="checkbox"/> Lab/Tutorial <input type="checkbox"/> Midterm (in class) <input type="checkbox"/> Quiz <input type="checkbox"/> Midterm (Special) <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test <input type="checkbox"/> Final (Special)	□
			<input type="checkbox"/> Class <input type="checkbox"/> Midterm <input type="checkbox"/> Lab/Tutorial <input type="checkbox"/> Midterm (in class) <input type="checkbox"/> Quiz <input type="checkbox"/> Midterm (Special) <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test <input type="checkbox"/> Final (Special)	□
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			<input type="checkbox"/> Class <input type="checkbox"/> Midterm <input type="checkbox"/> Lab/Tutorial <input type="checkbox"/> Midterm (in class) <input type="checkbox"/> Quiz <input type="checkbox"/> Midterm (Special) <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test <input type="checkbox"/> 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.

Yes, I write with Accommodated Exams (Services for Students with Disabilities (SSD))

Student Signature: _____ Date: _____

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