

ACADEMIC CONSIDERATION REQUEST FORM

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: <input type="checkbox"/> Compassionate <input type="checkbox"/> Varsity <input type="checkbox"/> Medical/Mental Health <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 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 <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 <input type="checkbox"/> Midterm (in class) <input type="checkbox"/> Tutorial <input type="checkbox"/> Midterm (Special) <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz <input type="checkbox"/> Final (Special)	<input type="checkbox"/>
			<input type="checkbox"/> Class <input type="checkbox"/> Midterm <input type="checkbox"/> Lab <input type="checkbox"/> Midterm (in class) <input type="checkbox"/> Tutorial <input type="checkbox"/> Midterm (Special) <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz <input type="checkbox"/> Final (Special)	<input type="checkbox"/>
			<input type="checkbox"/> Class <input type="checkbox"/> Midterm <input type="checkbox"/> Lab <input type="checkbox"/> Midterm (in class) <input type="checkbox"/> Tutorial <input type="checkbox"/> Midterm (Special) <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz <input type="checkbox"/> Final (Special)	<input type="checkbox"/>
			<input type="checkbox"/> Class <input type="checkbox"/> Midterm <input type="checkbox"/> Lab <input type="checkbox"/> Midterm (in class) <input type="checkbox"/> Tutorial <input type="checkbox"/> Midterm (Special) <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz <input type="checkbox"/> Final (Special)	<input type="checkbox"/>

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:		By:
Approved:		Denied:				
Additional Doc in LF?		Department/Student Notified (initial):		Date Notified:		
NOTES:						