

ACADEMIC CONSIDERATION REQUEST FORM

Academic Counselling, Science and Basic Medical Sciences | NCB 280 www.uwo.ca/sci/counselling | submit to: <https://help.sci.uwo.ca/servicedesk/customer/portal/3>

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 within 2 business days of end of illness as indicated by the doctor/health care professional				
Section #3: Course Components Affected by Absence				Exam/Midterm Conflicts Only:
DATE:	TIME:	Course Name & Number (ex. Biology 1001a-001)	Course Component	
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.

I write with Accommodated Exams (Student Accessibility Services (SAS)):

YES

☐

NO

☐

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:						