

Self-declaration for Academic Considerations Information and Instructions

When required, this form is used by students to support a request for academic consideration for missed course work, midterms, or final exams due to short-term incapacitation (illness, injury, or extraordinary circumstances beyond a student's control), normally lasting no more than 10 days. The form replaces the need for a medical note or supporting documentation.

Instructions for Students

When required, complete and submit this form if you are experiencing short-term incapacitation and are temporarily unable to meet your academic obligations.

Course Work or Midterm Examinations

Consult with your instructor as soon as possible after any missed course work or midterm examination and follow the guidelines laid out by your instructor. Submit this form only if requested by your instructor.

Final Examinations

This form must accompany a deferral application (carleton.ca/registrar/deferral) and be submitted to the Registrar's Office no later than 3 days after the scheduled examination or take-home due date.

Instructions for Course Instructors

Accept this form from your students in instances where you would otherwise require a medical note or other documentation. This declaration carries the same authority as an official medical note.

Discretion to determine the nature of the accommodation granted for missed course work remains with the instructor.

You may [contact the Registrar's Office](#) should you have further questions.

Self-declaration for Academic Considerations Form

Please complete this form in full.

Student name:	Student number:
Carleton email address:	Telephone:
Program:	

Date(s) of missed course component (exam, assignment, course work):	Date of Onset:
	Anticipated Date of Recovery: *normally no later than 10 days after date of onset

Nature of issue (Optional): ex. cold, fever, self-isolation, personal health concern or other
Please indicate the impacted course(s):

Declaration (please read and check each box):

- ☐ I certify that I missed/will miss the scheduled course component(s) listed above due to short-term incapacitation as described above. I understand and acknowledge that providing false or misleading information in order to avoid or delay the submission of work or to avoid an exam is a violation of section VI.4 of the [Academic Integrity Policy](#) and is subject to an Academic Integrity review.
- ☐ I understand that deferring the course components listed above may result in a negative impact to my academic performance. I will consult with an academic advisor as needed and be sure that I am aware of the academic withdrawal deadline and, as always, assess my continuation in my courses before that deadline.
- ☐ I certify that I have read all of the above information and followed all of the steps indicated.

Student Signature: _____ Date: _____

By submitting this form, you acknowledge that you have read the following [privacy notice](#).

Office Use Only
