

Request for Academic Consideration foExtenuating Circumstances

Students should complete this form to make a good faith request for academic consideration in extenuating circumstances, as defined by the Senate Policy.

Name: _____ Student Number: _____

Email: _____ Student Phone Number: _____

' H S D U W P H Q W 3 U R J U D P _____ Date(s) of Request: _____

1) _____ Instructor: _____ 2) _____ Instructor: _____

3) _____ Instructor: _____ 4) _____ Instructor: _____

Other academic requirement(s) affected:

- _____ Comprehensive/Qualifying Examination
- _____ Thesis/Dissertation Obligation
- _____ Oral Presentation
- _____ Placement/Fieldwork
- _____ Other:

B: Documentation

Do you have documentation to support this request?

Yes- Check the applicable box(es) and attach documentation

- Verification of Personal Health Condition
- ... SWS/Verification of Appointment
- ... Verification of Confidential Extenuating Circumstances
- ...Obituary
- ...Letter from professional
- ...Other: Pay

C: Student Declaration (Initials & Signature)

Initials:

I solemnly declare that I am unable to attend class or complete academic work due to a personal circumstance (e.g. a sudden illness, serious injury, bereavement, traumatic event, serious personal/family crisis) beyond my control that has a direct and substantial impact on imm31951 re8.065

When should I use this form?

Use this form for any extenuating circumstances, as defined by Senate policy, that have led to a reduced ability to meet some or all academic requirements for any length of time. [Click](#)