

SCHOOL OF HEALTH STUDIES (SHS)

REQUEST FOR ACADEMIC ACCOMMODATION

Student Name: _____

Student #: 250 _____ Student Western E-mail _____

Documentation provided must clearly indicate the date(s) of the missed material

INCOMPLETE FORMS WILL NOT BE PROCESSED

Course Accommodation Information (*Please list only those Professors you wish contacted*)

Course Name and # eg. Health Sci. 3250G	Professor's Name eg. Shauna Burke	Professor's E-mail eg.sburke9@uwo.ca	Specific Course Material(s) Missed eg. Essay worth 20%	Due Date of Exam / Test / Essay / Assignment eg. November 1, 2013

Documentation Attached

Medical Note (ideally a Western Student Medical Certificate): Yes / No

Western Student Health Services (medical release form must be completed): Yes / No

Other (please specify): _____

Student Signature: _____ Date: _____

FOR SCHOOL OF HEALTH STUDIES, HSB 222 OFFICE USE ONLY

Counsellor Approval? Counsellor Initials: KR NS Date: _____

Note: *Once academic accommodation has been approved, the Professor(s) will be emailed. Students can then communicate with their Professor(s) directly regarding make-up work, recognizing that allowing make-up work is at the discretion of each individual Professor.*

