

<b>What?</b>	A student may use this form in a situation where coursework/examination is missed due to a medical reason. This form may also accompany an appeal/review. The student must complete all additional forms and provide supporting documentation where appropriate. If you missed a final examination, you must also submit an Application for Deferred Final Examination form.
<b>Where?</b>	All applications, forms and supporting document must be submitted to: <ul style="list-style-type: none"> <li>- The course/lab instructor, for coursework worth 25 percent or less of the final grade</li> <li>- The Faculty Academic Advising office, for all midterm examinations/tests or any coursework worth more than 25 percent of the final grade</li> <li>- The Registrar's office, for final examination deferrals and appeals</li> </ul>
<b>Who?</b>	Section A and Section B Part One must be completed, dated, and signed by the student. Section B Part Two must be completed by the treating licensed practitioner <b>within 24 hours of the missed deadline or scheduled examination.</b>
<b>When?</b>	This form must be submitted <b>no later than three working days after the missed coursework/examination date.</b> If this form is accompanying an appeal, please follow the deadlines listed on the appeal form. The length of time for completed requests to be processed is dependent on the individual situation.

Please check the appropriate box below to indicate the reason for completing this form:

- Missed coursework or midterm examination/tests due to incapacitating illness.**
- Missed final examination due to incapacitating illness:** To apply for a deferred examination, you must complete and submit this form and the Application for Deferred Examinations form to the Registrar's office.
- Appeal requests:** This form must be submitted to the Registrar's office along with the appeal form it supports (fees, late withdrawal, etc.) and any other required information.

Please note that if you email or fax a document, you may be required to submit the original Medical Statement.

**Section A: To be completed by the student**

Last name	First name	Student number
Program	UOITnet email address	

Academic consideration is requested in the following course(s) or for the following coursework/examination(s):				
Course code (e.g. BIOL 1010U)	CRN (e.g. 40050)	Instructor	Type of missed work (lab, exam, assignment) etc.)	Date of missed deadline or exam (MM/DD/YY)

**Terms and Conditions**

- 1) Completion of this form does not guarantee that consideration will be granted. **Incomplete forms will not be processed.**
- 2) It is the student's responsibility to check their UOITnet email for a decision.

<b>Student's statement:</b> I certify that I was unable, on the dates stated above, to meet academic deadlines in the course(s) listed above and hereby authorize this licensed practitioner to provide the following information to UOIT and, if required, to supply additional information relating to my request for academic consideration. I acknowledge that submission of false statements or documents is a violation of the university's academic regulations and may be ground for Academic Misconduct.	
<b>Student's signature</b>	<b>Date</b>
<b>This application will not be processed unless it is signed and dated.</b>	

## Section B: Verification of student illness or injury

### Part one: To be completed by the student

I, \_\_\_\_\_ (print name) (student number: \_\_\_\_\_), hereby authorize the licensed practitioner named below to provide the information on this form to the University of Ontario Institute of Technology, and, if required by the university, to verify the information below and/or supply additional information relating to my request for academic consideration.

Student signature: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_\_

### Part two: To be completed only by a physician, surgeon, nurse practitioner, registered psychologist or dentist (each a licensed practitioner)

**Guidelines for the licensed practitioner:** The information provided below will be used to assist the university in assessing whether academic consideration is warranted in circumstances where a student has been (or anticipates being) unable to meet his or her academic responsibilities due to illness or injury. The level of academic consideration, if any, granted to a student will depend upon the nature of academic responsibilities affected and the severity of the illness and/or injury. Please refer to page one of this document for more information about the student's request for deferral or appeal.

**a) Degree of incapacitation:** Please indicate below the effect of the illness, injury and/or treatment on the student's ability to learn, communicate, concentrate and/or participate in academic activities, as well as his or her decision-making capacity and motivation.

Initial beside the most relevant category	Degree of incapacitation of academic functioning	Start date (mm/dd/yy)	End date (mm/dd/yy)
Severe	Completely unable to function at any academic level (e.g. unable to attend classes or fulfill any academic obligations).		
Serious	Ability to fulfill academic obligations significantly impaired (e.g. unable to complete assignments, write tests/examinations).		
Moderate	Ability to fulfill academic obligations somewhat impaired. May be able to perform certain tasks and not others (e.g. able to attend some classes, decreased concentration, assignments may be late).		
Mild	Ability to fulfill academic obligations mildly impaired with minimal impacts on performance.		
Not applicable	The degree of incapacitation is based on (check one only): <input type="checkbox"/> upon my examination of the student during a single visit on the following date: _____ <input type="checkbox"/> solely on the student's description of his or her illness or injury. I did not examine the student while symptoms were present.		

**b) Other comments:** Provide any additional information you deem to be relevant to the student's request for academic consideration. If you are unable to specify an end date above, provide an explanation below:

Please affix stamp or provide address and telephone number	Printed name	CPSO registration number
	Signature	Date

Personal information on this form is collected under the authority of the University of Ontario Institute of Technology Act, SO 2002, c. 8, Sch. O. and will be collected, protected, used, disclosed and retained in compliance with Ontario's Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31. This information will be used for education, administrative and statistical purposes and to administer registration within the University. Questions regarding the collection of your personal information may be directed to the Registrar, 2000 Simcoe Street North, Oshawa, ON L1H 7K4, 905.721.3190, email: [connect@uoit.ca](mailto:connect@uoit.ca).

If you require this information in an alternative format due to disability, please email [records@uoit.ca](mailto:records@uoit.ca).