

Students who are making an extenuating circumstance request based on health/medical reasons must complete this form or submit a letter from their physician including the same information attached to the extenuating circumstance form. If there is a charge for completion of this form or for the letter, the student is responsible. No requests will be processed without supporting documentation.

**TO BE COMPLETED BY THE STUDENT**

Student number: \_\_\_\_\_

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

By signing below, I authorize collection and usage of the following information by UOIT to support my extenuating circumstance request.

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

Date: \_\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN**

List of all dates that this student has had appointments with you for this condition:

\_\_\_\_\_

Does this condition prevent the student from attending and/or completing all or some of their secondary or post-secondary courses? Please be as specific as possible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the anticipated return date to schooling of this student? \_\_\_\_\_

Is the student able to return on a part time or full time basis? \_\_\_\_\_

Other relevant comments:

\_\_\_\_\_

\_\_\_\_\_

Name of physician: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Contact number: \_\_\_\_\_

Date: \_\_\_\_\_