

Section #1: STUDENT INFORMATION

First Name:		Last Name:	
Student #:		Today's Date:	
Western EMAIL:	@uwo.ca	Department/Year: (ex. MME/year 2)	

Section #2: REASON FOR ABSENCE

REASON: <input type="checkbox"/> Compassionate Reasons <input type="checkbox"/> Medical Reasons <input type="checkbox"/> Midterm Conflict <input type="checkbox"/> Religious Holiday/Holy Day <input type="checkbox"/> Varsity Sports <input type="checkbox"/> Other _____	DOCUMENTATION PROVIDED: <input type="checkbox"/> Death Certificate/Obituary <input type="checkbox"/> Emergency Room Note <input type="checkbox"/> Intercollegiate Athletics Form <input type="checkbox"/> Invitation <input type="checkbox"/> Student Medical Certificate <input type="checkbox"/> Other _____
---	---

NOTE: Documentation MUST accompany this form, regardless of reason for absence. Exception: Religious Accommodation, unless requested.

Section #3: COURSE COMPONENTS AFFECTED BY ABSENCE

Course Number (ex. AM 1413 or MME 2202a)	Date	Time	Professor's Name	Course Component	
				<input type="checkbox"/> Assignment <input type="checkbox"/> Lab <input type="checkbox"/> Lecture <input type="checkbox"/> Quiz/Test <input type="checkbox"/> Tutorial	<input type="checkbox"/> Midterm <input type="checkbox"/> Final Exam <input type="checkbox"/> Special Exam
				<input type="checkbox"/> Assignment <input type="checkbox"/> Lab <input type="checkbox"/> Lecture <input type="checkbox"/> Quiz/Test <input type="checkbox"/> Tutorial	<input type="checkbox"/> Midterm <input type="checkbox"/> Final Exam <input type="checkbox"/> Special Exam
				<input type="checkbox"/> Assignment <input type="checkbox"/> Lab <input type="checkbox"/> Lecture <input type="checkbox"/> Quiz/Test <input type="checkbox"/> Tutorial	<input type="checkbox"/> Midterm <input type="checkbox"/> Final Exam <input type="checkbox"/> Special Exam
				<input type="checkbox"/> Assignment <input type="checkbox"/> Lab <input type="checkbox"/> Lecture <input type="checkbox"/> Quiz/Test <input type="checkbox"/> Tutorial	<input type="checkbox"/> Midterm <input type="checkbox"/> Final Exam <input type="checkbox"/> Special Exam

PLEASE READ: I confirm that the information provided is complete & accurate. I understand that it is my responsibility to inform my professors as well as the Dean's Office about absences in a timely manner so that appropriate arrangements can be made.

Exam/Midterm Conflicts: By signing below, I confirm that the makeup to the exam/midterm I have chosen to defer does not conflict with another exam/midterm, lab, tutorial or class.

PLEASE CHECK THIS BOX IF YOU UTILIZE STUDENT ACCESSIBILITY SERVICES

Student Name: _____

Date: _____

FOR ACADEMIC COUNSELLING OFFICE USE ONLY:

File checked:	Record checked:	SPC Exam Form Given:	Approved:	Denied:	Approved By (initial):
Student/prof(s) notified on Extranet (initial):	Date Notified:	Notes:			