

ACADEMIC CONSIDERATION REQUEST FORM

Academic consideration is intended for short term purposes. Students are not expected to be in optimum physical or mental condition to be able to fulfill their academic responsibilities. To be considered for academic consideration, this form along with supporting documentation must be submitted to Huron's advising office within two business days of the date specified for resuming responsibilities. ***Submitting this form does not guarantee academic consideration will be granted.***

Student Name: _____

Student Number: _____

UWO Email: _____ Date: _____

Are you a Huron student? Yes No

Do you utilize Student Accessibility Services (SAS)? Yes No

Are you requesting academic consideration for a final exam? Yes No

DOCUMENTATION PROVIDED:

- Student Medical Certificate Religious Considerations (please specify): _____
 Varsity Athletic Verification Form Other: _____

SUBJECT, COURSE NUMBER AND SECTION	COURSE COMPONENT AND WEIGHT (EG. MIDTERM WORTH 25%) <small>Note that requests for attendance/ participation or evaluations worth less than 10% may not be approved</small>	DATE AND TIME OF COURSE COMPONENT MISSED

Student Signature: _____

FOR ACADEMIC ADVISING OFFICE USE ONLY:

Approved

Instructor Notified
through Extranet

SAS Form Supplied

Denied

Special Exam Form Supplied

Advisor Signature: _____ Date: _____

Notes: