

ACCOMMODATION REQUEST FORM

The Academic Dean's Office | DL 104 | Tel: 519-433-3491 Ext. 4406 Fax: 519-963-1263 Email: academic.dean@uwo.ca

Section #1: Student Information			
Student #:		DATE:	
First Name:		Last Name:	
Western EMAIL:		Phone:	
Section #2: Reason for Accommodation/Date(s) Affected/Documentation Provided			
REASON: <input type="checkbox"/> Compassionate Reasons <input type="checkbox"/> Religious Holiday <input type="checkbox"/> Medical Reasons <input type="checkbox"/> Varsity Sports <input type="checkbox"/> Test/Exam Conflict <input type="checkbox"/> Other: _____		DOCUMENTATION PROVIDED: <input type="checkbox"/> Student Medical Certificate <input type="checkbox"/> Emergency Room Note <input type="checkbox"/> Intercollegiate Athletics Commitment Verification Form <input type="checkbox"/> Other (provide details): _____	
NOTE: Documentation must accompany this form, regardless of reason for absence. Exception: Religious Accommodation, unless requested.			

Section #3: Course Components Affected by Absence				
DATE:	TIME:	Course AND Section <small>[ex. Sociology 1020 (570)]</small>	Course Component	Notes
			<input type="checkbox"/> Class <input type="checkbox"/> Lab/Tutorial <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz	
			<input type="checkbox"/> Class <input type="checkbox"/> Lab/Tutorial <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz	
			<input type="checkbox"/> Class <input type="checkbox"/> Lab/Tutorial <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz	
			<input type="checkbox"/> Class <input type="checkbox"/> Lab/Tutorial <input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz	

☐ **PLEASE CHECK THIS BOX IF YOU UTILIZE SERVICES FOR STUDENTS WITH DISABILITIES (SSD)**

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

Student Signature: _____

Date: _____

For ACADEMIC COUNSELLING OFFICE USE ONLY:									
Record Checked:	<input type="checkbox"/>	SSD Form Given:	<input type="checkbox"/>	SPC Exam Form Given:	<input type="checkbox"/>	Approved:	<input type="checkbox"/>	Denied:	<input type="checkbox"/>
NOTES:								Depart(s)/Student	
								Notified by Email (initial):	
								Approved By:	