



School of Graduate Studies

Request for Academic Consideration for Extenuating Circumstances

Students should complete this form to make a **good faith request** for academic consideration in extenuating circumstances, as defined by the Senate Policy.

Name: _____ Student Number: _____

Email: _____ Student Phone Number: _____

Department/Program: _____ Date(s) of Request: _____

A: Courses Affected (Course # and Instructor Last Name) (attach a separate page if required)

1) _____ Instructor: _____ 2) _____ Instructor: _____

3) _____ Instructor: _____ 4) _____ Instructor: _____

Other academic requirement(s) affected:

- _____ Comprehensive/Qualifying Examination
- _____ Thesis/Dissertation Obligation
- _____ Oral Presentation
- _____ Placement/Fieldwork
- _____ Other: _____

B: Documentation

Do you have **documentation** to support this request?

Yes - Check the applicable box(es) and attach documentation.

- Verification of Personal Health Condition
- SWS Verification of Appointment
- Verification of Confidential Extenuating Circumstances
- Obituary
- Letter from professional
- Other: _____

No - What is the anticipated length of your request for consideration?

3 days or less (no documentation required*)

*Some Graduate Program/Instructors/Supervisors may have additional requirements for repeat requests, midterms and exams.

*If you submit a request for 3 days or less, but your situation then requires consideration for more than 3 days, submit supporting documentation to the Department/Program Graduate Coordinator.

More than 3 days, but documentation not available yet

Please submit your documentation as soon as it becomes available to the Department/Program Graduate Coordinator.

C: Student Declaration (Initials & Signature)

Initials:

_____ I solemnly declare that I am unable to attend class or complete academic work due to a personal circumstance (e.g. a sudden illness, serious injury, bereavement, traumatic event, serious personal/family crisis) beyond my control that has a direct and substantial impact on my ability to meet essential academic requirements or standards.

_____ I understand that it is my responsibility to submit this form as soon as my circumstance allows (per direction on the reverse side of the form.)

_____ I understand it is my responsibility to follow-up with my Graduate Program Coordinator/Instructors/Supervisor(s) as soon as possible.

_____ I understand that using this form to provide false or misleading information, or to delay or avoid fulfilling academic requirements, constitutes a departure from academic integrity as outlined in the Senate Policy on Academic Integrity Procedures, and the School of Graduate Studies' academic integrity policy.

Student Signature: _____ Date: _____

D: Delegate (complete as required)

I consent for (delegate's name) to act as a delegate on my behalf (i.e. submit documentation, liaise with Graduate Program/Instructors/Supervisor(s) Faculty / Instructors), as I am currently unable to take action for myself.

Student Signature: _____ Relationship to Delegate: _____

If a student is incapacitated, a delegate may act on their behalf without the student signature.

E: Submitting this form

Please submit this form to your Department/Program Graduate Coordinator as soon as it becomes apparent that you are having difficulty meeting academic requirements due to an extenuating circumstances. Please see the School of Graduate Studies' protocol for more information.

Submission of this form constitutes a request. Approval of academic consideration lies with the Instructor and/ or Supervisor and /or Graduate Coordinator.

F: Frequently Asked Questions

When should I use this form?

Use this form for any extenuating circumstances, as defined by Senate policy, that have led to a reduced ability to meet some or all academic requirements for any length of time. Click [here](#) for more information.

When should this form *not* be used?

1. Do not use this form for any reason other than an extenuating circumstance as defined by Senate policy. For example, do not use this form for a personal event (e.g. vacation, wedding), transportation (e.g., late train), technological difficulty (e.g., computer crash), competing commitment, or academic / exam related stress.
 - In those cases consult with your Department/Program Graduate Coordinator, supervisor(s) and/or instructors for consideration.
 - **Students who do not feel able to meet academic requirements due to high levels of academic stress and/or exam related anxiety should seek out [supports and services from Student Wellness Services](#).**
2. Do not use this form for situations where no consideration is required (e.g. there are no marks associated with your inability to meet academic obligations or attend classes due to extenuating circumstances).
3. Do not use this form if you have a Letter of Accommodations or Short-Term Academic Accommodations from QSAS or your health care provider at Student Wellness Services (SWS). Submit these forms directly to your Department/Program Graduate Coordinator, and/or your supervisor(s), and/or instructor(s), and do not complete this form. Follow-up with your Accessibility Services Advisor or your SWS health care provider, as needed.

I have been requested to submit additional documentation. What does this mean?

The Departmental /Program Graduate Coordinator may require additional documentation in support of your request for academic consideration. This might be required for an initial request, or when submitting second and subsequent requests in a term, or for requests lasting 3 days or less that occur during midterms or final exams. For health related circumstances, please use the Verification of Personal Health Condition form. There is also a Verification of Confidential Extenuating Circumstances you can use if your situation requires confidentiality. The documentation required will be determined by the extenuating circumstances you experience, and through discussion with the Graduate Coordinator.