

Declaration of Illness Form

Name:

Student Number:

Date:

As a result of a recent temporary illness, my academic performance was adversely affected. The illness was not chronic or of an extreme nature and therefore did not qualify me to receive an official “Verification of Illness” form from Health, Counselling and Disability Services, but based on this self-report, I would like to request accommodation for the effects of this temporary illness on my academic performance.

I was affected by this illness on the following dates: _____.

The following academic requirement(s) has/have been affected:
_____ for Course(s) _____.

This report is based on my own description of illness. I understand and acknowledge that by filling in and sending/presenting this form, making a false statement will be considered to be a departure from academic integrity and will be investigated accordingly.

Signed _____ Date _____

Witness _____ Date _____

* Queen's University collects, uses, maintains, discloses and disposes of information for the purposes of operating the programs and business functions of the university in a manner consistent with the Freedom of Information and Protection of Privacy Act (FIPPA). All personal information you provide in this form is protected under FIPPA. Personal information is recorded information about an individual including their name, address, telephone number, their race, religion, sex, family status, personal opinions or views and medical information.