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 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_________