CERTIFICATE OF TRANSLATION

The purpose of this document is to certify that the translation of documentation provided to support a students’ request for Academic Consideration for Extenuating Circumstances is true and accurate. Please complete the Certificate of Translation Type that is best suited to the situation.

<table>
<thead>
<tr>
<th>Translation Type #1: Translation by Person</th>
</tr>
</thead>
</table>

In addition to this form, the student must provide the original document and a copy of the translation signed by the student and translator. The date of the translation must be clearly visible. Documentation can be attached to your request in the Academic Consideration Request Portal (ACRP) or sent to asc.consideration@queensu.ca. The Faculty of Arts & Science requires completed copies of all three documents to process your request.

I, ___________________________, have adequate language fluency to translate from ________________ into English, and certify that the translation of ____________________________ is true and accurate to the best of my abilities.

_____________________________       ______________________________
Printed Name of Translator                                                                                  Signature of Translator

_____________________________         ______________________________
Email Address of Translator                           Telephone Number of Translator

_____________________________       ______________________________
Date of Translation

The use of this form to provide false or misleading information, or to delay or avoid fulfilling academic requirements constitutes a departure from Academic Integrity and students will be subject to the university’s Academic Integrity Procedures.

All documentation collected related to the Senate Policy on Academic Consideration for Students in Extenuating Circumstances will not be part of a student’s permanent academic record, however it will be securely stored by the Faculty/School Office for the purpose of implementing the procedures and processes.

____________________________      _____________________________
Printed Name of Student                     Signature of Student

____________________________
Date of Translation
Translation Type #2: Translation by Computer-Generated Software

In addition to this form, the student must also submit the original document and signed screenshots/photos/scans of the translation from the software program listed below. The date of the translation must be clearly visible. Documentation can be attached to your request in the Academic Consideration Request Portal (ACRP) or can be sent to asc.consideration@queensu.ca. The Faculty of Arts & Science requires a signed copy of both documents to process your request.

I, ________________________________, have used the software/computer program named __________________________ to translate from __________________ into English, and certify that the translation is true and accurate to the best of my knowledge.

The use of this form to provide false or misleading information, or to delay or avoid fulfilling academic requirements constitutes a departure from Academic Integrity and students will be subject to the university’s Academic Integrity Procedures.

All documentation collected related to the Senate Policy on Academic Consideration for Students in Extenuating Circumstances will not be part of a student’s permanent academic record, however it will be securely stored by the Faculty/School Office for the purpose of implementing the procedures and processes.

__________________________      _____________________________
Printed Name of Student                   Signature of Student

__________________________
Date of Translation