

## Verification of Confidential Extenuating Circumstance

*This form is to verify a confidential extenuating circumstance that temporarily limits a student's academic participation or ability to meet academic requirements.*

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Queen's Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Section A: Authorization to Share Information - Completed by Student

I authorize the professional named below to complete this form in support of my request for academic considerations. This form will be submitted to the designated individual(s) in my Faculty / School office and may be shared with instructors or university personnel solely on a need to know basis.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section B: Verification of Confidential Extenuating Circumstance – Completed by Professional

Based on my professional assessment I have determined that this student is experiencing an extenuating circumstance that requires academic consideration. I have interacted with the student, reviewed documentation, and/or spoken with reliable others, and have confidence that the extenuating circumstances are verifiable and are having an impact on the student's current ability to meet academic requirements. An assessment of the student's functioning related to the specific circumstance is within the scope of my professional practice. I believe that a confidential verification is in the best interest of the student at this time.

#### Limitations in Academic Functioning

Current impairment related to ongoing disability?  Yes  No

**If yes**, registered with Queen's Student Accessibility Services (QSAS) for disability?  Yes  No

**If yes**, do not complete this form. Send Letter of Accommodation to your instructor and contact QSAS, if needed.

Date of onset: \_\_\_\_\_

**Anticipated duration of limitation (from date form completed):**

< 1 wk    1 – 2 wks    2- 4 wks\*    4 – 8 wks\*    8- 12 wks\*    12+ wks\*

If the student's limitation is currently **serious or severe**, improvement to **mild or moderate** limitation is expected within  < 1 wk  1 – 2 wks  2- 4 wks  4 – 8 wks  8- 12 wks

\*I would recommend academic advising to further understand academic options available?  Yes  No

**Mild/  
Moderate**

Due to health condition **might** require:

Occasional absences from classes, labs, placement

Extra time on assignments and/or thesis/dissertation obligation – to be negotiated with instructor

Rescheduling or other consideration for timed evaluations (i.e., unable to write tests, quizzes, midterms, final exams)

Consideration may also be required for:  In class participation    Group work

Other: \_\_\_\_\_

**Severe/  
Serious**

**Unable to fulfill all or most academic obligations.**

Anticipated date student can **communicate with instructors** to develop an academic plan:

Date \_\_\_\_\_ **OR**  N/A (i.e., able to communicate now)

This student will require **academic accommodations** in order to complete quizzes/tests/exams (e.g., additional time during tests/exams, smaller classroom for writing tests/exams, washroom breaks, etc.)  No  Yes

**If yes**, the student understands they will be required to connect with Student Wellness Services to discuss a short-term academic accommodation plan (613.533.6000 X 74842). \_\_\_\_\_ (Student Initials or N/A).

### Section C: Professional's Authorization - Completed by Professional

Name: \_\_\_\_\_ Profession / Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact # or Email: \_\_\_\_\_ Department / Agency: \_\_\_\_\_

## Information about the Verification of Confidential Extenuating Circumstance Form

Students are responsible for providing this documentation to their Faculty/School Office and contacting their individual instructors to negotiate academic considerations once documentation is processed. The final decision regarding the academic considerations will be made by the course instructor.

### Where can students go for additional information and assistance?

If you require support while speaking with your instructor, you are welcome to contact your Faculty/School Office for assistance. If you would prefer to speak with someone outside of your Faculty/School, you can connect with Student Wellness Services. Please contact [intake.wellness@queensu.ca](mailto:intake.wellness@queensu.ca) or 613.533.6000 X 74842.

### Student Responsibilities

- Disseminate this form – see instructions for individual Faculties/Schools below. Follow the instructions for the Faculty/School that is granting your degree.
  - Arts and Science (including students studying at BISC): Submit form to online portal. (<https://www.queensu.ca/artsci/accommodations>)
  - Engineering & Applied Science: Submit forms at <https://qfeas.it/accom>, for assistance email [engineering.aac@queensu.ca](mailto:engineering.aac@queensu.ca)
  - Nursing (BNSc): Submit form (email or hard copy) to Barb Bolton (Rm 113)
  - Education (B.Ed): Submit form (email or hard copy) to Alan Wilkinson (Rm A101a)
  - Commerce: Submit a *Request for Academic Consideration for Extenuating Circumstances* online on the Commerce Portal, under *Academic Consideration*. Submit this form (via email) to [Commerce.AACC@queensu.ca](mailto:Commerce.AACC@queensu.ca). No hard copy forms accepted.
  - Law: Submit form (email or hard copy) to Helen Connop ([helen.connop@queensu.ca](mailto:helen.connop@queensu.ca))
  - Medicine: Submit form (email or hard copy) to the Learner Wellness Centre
  - Occupational Therapy: Submit form (email or hard copy) to the Program Assistant, Occupational Therapy ([ot.info@queensu.ca](mailto:ot.info@queensu.ca))
  - Physical Therapy: Submit form (email or hard copy) to the Program Assistant, Physical Therapy ([programassistant.pt@queensu.ca](mailto:programassistant.pt@queensu.ca))
  - Bachelor of Health Sciences: Submit form electronically (email only) to the Bachelor of Health Sciences Program Office ([bhsc@queensu.ca](mailto:bhsc@queensu.ca))
  - Graduate Students: Submit form (email or hard copy) to your instructor(s) or supervisor

### Instructor Responsibilities

- Meet with student to negotiate academic considerations (i.e., deferral of tests/exams, extensions on assignments, etc.)
- Assess missed academic obligations and provide reasonable academic considerations, in good faith, while maintaining essential academic requirements and standards
- Assure students who are experiencing an extenuating circumstance that reasonable academic consideration will be implemented, as appropriate, while ensuring essential academic requirements are met

### Who can complete this form?

- A student services support professional (e.g., Chaplain, Sexual Violence Prevention and Response Coordinator, Human Rights Office Advisor, etc.) or a health care provider at Student Wellness Services or in the community who is aware of your situation can complete this form.