

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.

Impairment in Academic Functioning

- Extenuating circumstance may result in unpredictable fluctuations in functioning
 Unpredictability of circumstance may lead to last minute requests for academic consideration

Date of onset of impairment: _____

Anticipated duration of impairment: < 1 wk 1 – 2 wks 2- 4 wks 4 – 8 wks 8- 12 wks 12+ wks

If the student's impairment is currently **serious or severe**, improvement to **mild or moderate** impairment is expected within

< 1 wk 1 – 2 wks 2- 4 wks 4 – 8 wks 8- 12 wks

| <input type="checkbox"/> Specific deliverable N/A for some Faculties/ Schools* | Unable to fulfill requirement for specific deliverable, listed below: | | | |
|---|---|---------------------------------------|---|--|
| | Course | Deliverable requiring consideration | Impact on academic functioning | Anticipated date student to be well enough to complete deliverable |
| | <i>EXAMPLE: PSYC 100</i> | <i>Final Exam Dec. 5th</i> | <i>Unable to complete on scheduled date</i> | <i>1 week or Jan 2019 or TBD</i> |
| | | | | |
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|---|--|--|
| <input type="checkbox"/> Mild/Moderate | Unable to fulfill occasional or some academic obligations. Due to circumstance might require: <input type="checkbox"/> Occasional absences from in classes, labs, placement <input type="checkbox"/> Additional time to complete assignments <input type="checkbox"/> Additional time to complete thesis/dissertation obligation <input type="checkbox"/> Rescheduling of timed evaluations (i.e., tests, quizzes, midterms, final exams) | Consideration may also be required for: <input type="checkbox"/> In class participation <input type="checkbox"/> Group work <input type="checkbox"/> Other: _____ |
|---|--|--|

| | |
|--|---|
| <input type="checkbox"/> Severe/Serious | Unable to fulfill all or most academic obligations. Requires time off from academic commitments. It is expected that the student will be unable to communicate with instructors or develop an academic plan until approximately: <input type="checkbox"/> TBD or <input type="checkbox"/> Date _____ |
|--|---|

*N/A for Occupational Therapy, Physical Therapy, Nursing, Education, & Medicine. For these students, please only indicate level of impairment (i.e., mild/moderate or serious/severe rather than specific deliverable).

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.

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: Submit the form to the online portal. (<https://www.queensu.ca/artsci/accommodations>)
 - Engineering & Applied Science: Submit the form (via email) to engineering.aac@queensu.ca
 - Nursing (BNSc): Submit the form (email or hard copy) to Barb Bolton (Rm 113)
 - Education (B.Ed): Submit the form (email or hard copy) to Alan Wilkinson (Rm A101a)
 - Commerce: Submit the form to the Commerce Office
 - Law: Submit the form (email or hard copy) to Helen Connop (helen.connop@queensu.ca)
 - Medicine: Submit the form (email or hard copy) to the Learner Wellness Centre
 - Occupational Therapy: Submit the form (email or hard copy) to your program assistant, Laurie Kerr (l.kerr@queensu.ca)
 - Physical Therapy: Submit the form (email or hard copy) to your program assistant, Kathy Grant (grantk@queensu.ca)
 - Bachelor of Health Sciences: Submit the form electronically (email only) to the Bachelor of Health Sciences Program Office (bhsc@queensu.ca)
 - Graduate Students: Submit the 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.)

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.