

(Both pages of this form are to be completed and returned to the student in a sealed envelope.)

1 To be completed by the student

Students cannot be required to present a medical form. If a student chooses to do so they should use this University of Alberta Medical Statement form.

Absence from Term Work or Term Examinations: Students who have missed term work or term examinations because of incapacitating illness should present this Medical Statement form, signed by the treating physician, to their instructor as soon as they are able following the missed term work, examination, or test.

Absence from Final Examination: Students who have missed a final examination because of incapacitating illness may apply for a **deferred final examination**. To do so, students should complete this Medical Statement, have it signed by the treating physician, and present it to their Faculty Office within two working days, or as soon as they are able, following the missed final examination. An application for a deferred examination will then be initiated and the student must obtain approval of the dean of his or her faculty.

Student ID number		Faculty		Degree)					
Surname			Given Names							
Current address: Street			City							
Province		Postal Code		Teleph	one					
2 Term work, term examinations or final examinations:										
Course name, number, and section	Dates missed	Instructor	Course name, no and section	umber,	Dates missed	Instructor				

and section missed and section missed

3 Student's Statement

I certify that I was unable on the date(s) given in (2) above to attend term work, term test(s)/scheduled final examination(s) in the course(s) listed above. I consent to having the health information pertinent to this specific request released by my physician to the University of Alberta with regard to my request for special consideration. I understand that misrepresentation, falsification of documentation, or withholding of requested information regarding this application are serious offences and may result in a charge under the University's Code of Student Behaviour and/or the Criminal Code of Canada. Student information is collected under the authority of the Universities Act in accordance with the *Freedom of Information and Protection of Privacy Act* (Alberta) for the purpose of determining eligibility for examination deferral. For further details, see §23 of the University of Alberta Calendar or contact the Registrar, 201 Administration Building (780) 492-3113.

Student's Signature	Date





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Student ID number	Surname		Given names
-	I by the treating	•	
illness. This form is intended excused absences are warrant	to provide accurate health info ted. The physician is requeste on is very helpful to faculties in 's file in the Faculty Office.	ormation to assist deans and id to complete the appropriate	m tests, on an individual basis in cases of inca nstructors in deciding whether deferred examin parts of this form and to include whatever comin cumstances exist to merit special consideration.
Please return this form	to the student in a sea	led envelope.	
Date of medical examination		Date(s) of illness from	to
			L
Based on my medical ex	xamination I feel that the individ	lual named above is/was unabl	e to write an exam because of incapacitating ill
	ove named individual and found		
	dividual named above while syr		a consideration for defending
			•
Physician's comments on the	ie duration, seventy and ha	ture or the marvidual's limes	5.
News of always (D)	-10	Address and to be	
 Name of physician (Please prin	nt)	Address and telephone num	nber
Name of physician (Please prir	nt)	Address and telephone num	nber
Name of physician (Please pring Physician's signature	nt)	Address and telephone num	nber