

Queens University Declaration of Illness Form

Date:

Name:

Student Number:

I, the above named, do declare that as a result of a recent temporary illness, my academic performance was significantly and adversely affected. The illness was not longstanding or of a severe nature and therefore did not qualify me to receive an official "Verification of Illness" from Health Services. Based on this self-report, I would like to request accommodation due to the effects of this illness on my academic performance.

I was affected by this illness on the following dates: _____.

The following academic requirement(s) or assignments were affected:

_____.

This report is based on my own description of illness. I understand and acknowledge that when completing and submitting this form, a false statement is made it will be considered to be a departure from academic integrity and may be investigated accordingly. I am aware that completion of this declaration does not ensure the provision of accommodation. Academic accommodations are at the discretion of Queen's faculty members.

Student's Signature _____

The personal information collected on this form is collected under the legal authority of the Royal Charter of 1841, as amended. The information collected will be used to make a decision regarding your appeal and to provide a response. This information will be retained for a minimum of five years in accordance with the Queen's Records Management Policy, 2003 unless a decision is made by the Associate Dean (Studies) which results in the immediate removal of all records related to the appeal. If you have any questions or concerns about the information collected or how it will be used, please contact the Faculty of Arts and Science at 613-533-2470.