

Student Medical Certificate

If you are not attending or unable to write your final exam, contact your faculty immediately. Depending on your circumstances, you may be advised to apply for a deferral of term work and/or final exam or to withdraw from the course and/or term. If you are advised to withdraw, **do so immediately as any refunds are prorated based on your date of withdrawal.** Students who are medically unable to withdraw at the point of discontinuation may be granted a retroactive adjustment based on a date specifically supported by a medical professional. See below. If you submit a Student Medical Certificate for a deferral or withdrawal on medical grounds, **you must also submit either an Application for Deferral of Term Work and/or Final Exam or an Application for Grade Adjustment.**

Student Information									
Name					ID Number				
Email Address – @uregina.ca address					Telephone			Term Requested	
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The following must be completed *before* submitting it to your medical professional.

Term Start Date:	D	D	M	M	M	Y	Y	Y	Y
Term End Date:	D	D	M	M	M	Y	Y	Y	Y

If you are unsure of dates, refer to the [Web Schedule](#) or the [Undergraduate Calendar](#).

What was your last date of attendance in this period?	D	D	M	M	M	Y	Y	Y	Y
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I hereby authorize this medical professional to provide the following information to the University of Regina, and if required, to supply additional information, relating to my petition for special academic and tuition consideration.

	D	D	M	M	M	Y	Y	Y	Y
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Signature (Student)

The medical professional should return this form to the student in a sealed envelope. Submit the envelope to your faculty, federated college, or academic unit.

To be completed by a Medical Professional

Did you attend this student for an illness or accident between the term dates listed above? Yes No

Was this student hospitalized this condition? Yes No

If yes, please provide the dates of hospitalization: from D D-M M M-Y Y Y Y to D D-M M M-Y Y Y Y

Have you advised the student to discontinue studies? Yes No

On D D-M M M-Y Y Y Y was advised to: reduce course load or drop all classes

In your professional opinion, would their medical circumstances prevent the student from meeting academic commitments such as attending classes, completing assignment, preparing for and/or writing tests and examinations?
 Yes No

Please indicate how long you expect this incapacity to last: from D D-M M M-Y Y Y Y to D D-M M M-Y Y Y Y

Signature of Medical Professional	Date	Address: (stamp or business card acceptable)
	DD-MMM-YYYY	
Printed Name of Medical Professional	Telephone	

The University of Regina collects and creates information about students ("personal information") under the authority of the University of Regina Act, and in accordance with the Local Authority Freedom of Information and Protection of Privacy Act (Saskatchewan) and the Personal Information Protection and Electronic Documents Act (Canada), for purposes of admission, registration, and other decisions on students' academic status, and the administration of the University and its programs and services. Some of this information may be disclosed to the relevant students' society and alumni association, and will be reported as required by federal or provincial authority. If you have any questions about the collection, use, or disclosure of this information by the University, please contact the Head, Access to Information and Protection of Privacy at: www.uregina.ca/contact/privacy-legal/

Copies: Registrar Faculty Student