Student Self Declaration of Illness

Submit this form to your faculty, federated college, or academic unit office.

I, ______________________________________________________________________________

First Name      Last Name
Student ID #

Student ID 

I certify that I had an illness on the following date(s): ______________________________________
and was unable to complete the following course work and/or exams:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Describe the illness: _________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

By signing this form, I understand that making a false declaration could result in a formal allegation of Academic Misconduct against me. I also understand that the University of Regina reserves the right to request additional documentation in support of my request.

Signature (Student)       DD-MMM-YYYY

Date