

# Student Self Declaration of Illness

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

I, \_\_\_\_\_

First Name

Last Name

Student

ID #

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certify that I had an illness on the following date(s): \_\_\_\_\_

and was unable to complete the following course work and/or exams:

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Describe the illness: \_\_\_\_\_

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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.

	DD-MMM-YYYY
Signature (Student)	Date