

**STATUTORY DECLARATION**  
**In the matter of absence from University Coursework or Examinations**

I, \_\_\_\_\_ Student ID# \_\_\_\_\_  
(Print Name in full)

of \_\_\_\_\_ in the Province of Alberta  
(Address)

do solemnly declare that I missed \_\_\_\_\_  
(examination or other coursework)

in \_\_\_\_\_ on \_\_\_\_\_  
(Course name, number, section) (Month, Day, Year) (Instructor)

And I was absent from the University of Alberta for the following time period:

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

I was absent because of incapacitating illness YES/NO (circle one)  
The reason for my absence, other than incapacitating illness is as follows:  
(Attach additional sheet if more space is required and any supporting documents):

**And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I understand that making a false statement on this form will constitute grounds for a charge to be laid against me under the Code of Student Behaviour and the Code of Ethics of my future Profession of \_\_\_\_\_ and may result in liability under the Criminal Code and that this declaration will be kept in my student file.**

Declared before me  
at the City of Edmonton  
in the Province of Alberta

\_\_\_\_\_  
(Declarant's Signature)

this \_\_\_\_ day of \_\_\_\_\_,  
(year)

\_\_\_\_\_  
(Printed Name of Commissioner)

\_\_\_\_\_  
(Commissioner for Oaths) Signature

\_\_\_\_\_  
(Expiry of Commission)

**Completion of this form does not imply approval for an excused absence or a deferred examination. The personal information requested on this form is collected under the authority of the Post-Secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of determining eligibility for an excused absence from University of Alberta coursework or examinations.**

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*For office use only*

ID# \_\_\_\_\_ ID Type: \_\_\_\_\_