

(Both pages of this form are to be completed and returned to the student in a sealed envelope.)

1 To be completed by the student

Students cannot be required to present a medical form. If a student chooses to do so they should use this University of Alberta Medical Statement form.

Absence from Term Work or Term Examinations: Students who have missed term work or term examinations because of incapacitating illness should present this Medical Statement form, signed by the treating physician, to their instructor as soon as they are able following the missed term work, examination, or test.

Absence from Final Examination: Students who have missed a final examination because of incapacitating illness may apply for a **deferred final examination**. To do so, students should complete this Medical Statement, have it signed by the treating physician, and present it to their Faculty Office within two working days, or as soon as they are able, following the missed final examination. An application for a deferred examination will then be initiated and the student must obtain approval of the dean of his or her faculty.

Student ID number	Faculty		Degree
Surname		Given Names	L
Current address: Street		City	
Province	Postal Code		Telephone

2 Term work, term examinations or final examinations:

Course name, number, and section	Dates missed	Instructor	Course name, number, and section	Dates missed	Instructor

3 Student's Statement

I certify that I was unable on the date(s) given in (2) above to attend term work, term test(s)/scheduled final examination(s) in the course(s) listed above. I consent to having the health information pertinent to this specific request released by my physician to the University of Alberta with regard to my request for special consideration. I understand that misrepresentation, falsification of documentation, or withholding of requested information regarding this application are serious offences and may result in a charge under the University's Code of Student Behaviour and/or the Criminal Code of Canada. Student information is collected under the authority of the Universities Act in accordance with the *Freedom of Information and Protection of Privacy Act* (Alberta) for the purpose of determining eligibility for examination deferral. For further details, see §23 of the University of Alberta Calendar or contact the Registrar, 201 Administration Building (780) 492-3113.

Student's Signature	Date





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Student ID number				
	Surname		Given names	
To be completed	l by the treating	ahveisian		
Faculties may grant deferre illness. This form is intended texcused absences are warrant	ed examinations, or excuse ab to provide accurate health info ted. The physician is requested on is very helpful to faculties in 's file in the Faculty Office.	sences from term work or to rmation to assist deans and to complete the appropriate	erm tests, on an individual basis in cas d instructors in deciding whether defern e parts of this form and to include what circumstances exist to merit special cons	ed examinatever comme
Please return this form	to the student in a seal	ed envelope.		
Date of medical examination		Date(s) of illness from	to	
Physician's comments on th	ne duration, severity and nat	ture of the individual's illn	ess:	
Name of physician (Please prin	nt)	Address and telephone n	umber	