

Request for Academic Consideration Form

Brescia School of Food and Nutritional Sciences

STUDENT INFORMATION

Student Name		Student #	
Program Year		Western Email	

REASON FOR CONSIDERATION

- | | |
|--|---|
| <input type="checkbox"/> Compassionate
<input type="checkbox"/> Varsity
<input type="checkbox"/> Medical / Mental Health | <input type="checkbox"/> Conflict (<i>exam / test / quiz</i>)
<input type="checkbox"/> Religious Holiday / Holy Day
<input type="checkbox"/> Other: _____ |
|--|---|

COURSE COMPONENTS AFFECTED BY ABSENCE

Course subject & number <i>(e.g. Foods & Nutrition 1070A)</i>	Professors Name <i>(e.g. D. Battram)</i>	Accommodation is being requested for:	
		Component	Date & Time
		<input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz/Midterm <input type="checkbox"/> Class <input type="checkbox"/> Lab/Tutorial	
		<input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz/Midterm <input type="checkbox"/> Class <input type="checkbox"/> Lab/Tutorial	
		<input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz/Midterm <input type="checkbox"/> Class <input type="checkbox"/> Lab/Tutorial	
		<input type="checkbox"/> Assignment <input type="checkbox"/> Final Exam <input type="checkbox"/> Test/Quiz/Midterm <input type="checkbox"/> Class <input type="checkbox"/> Lab/Tutorial	

I write with Accommodated Exams (Student Accessibility Services): YES NO

PLEASE READ: I confirm that the information provided above is truthful and accurate. I understand that if false information is provided and verified it will result in the consideration request being denied. Information regarding the falsification will be provided to the School's Undergraduate Program Chair.

NOTE: Once academic consideration has been approved, the professor(s) will be emailed. Students should then communicate with their professor(s) directly regarding make-up work, recognizing that the date(s) and form(s) of consideration are at the discretion of each individual professor.

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Approved:	Denied:	Counsellor Signature:	Date:
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