

Declaration of Illness Form

Faculty of Engineering &
Applied Science
Student Services Office



Please print NEATLY. Please ensure that ALL sections of the form are completed.

NOTE: Although we will communicate to your instructor(s) that you have submitted a 'Declaration of Illness Form' to the Faculty Office, it is YOUR responsibility to contact your instructor(s) to notify him/her of your inability to meet academic requirements and to make arrangements to complete the missing course requirement(s) as soon as possible.

Personal Information	Surname:	Given Name:	Student Number:
	Academic Plan:	Academic Sub-Plan:	Year of Study:
	Queen's Email Address:		Phone Number:

Personal information collected on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected on this form may be retained in your student file, will be used to process this request, and will be shared with Queen's personnel who need the information to perform their duties. If you have any questions about the information collected or how it will be used, please contact the Freedom of Information and Protection of Privacy Coordinator, Faculty of Engineering and Applied Science, Beamish-Munro Hall, Rm 300, or phone 613-533-2055.

Declaration of Illness Information	As a result of a recent temporary illness, my academic performance was adversely affected. The illness was not chronic or of an extreme nature and therefore did not qualify me to receive an official "Verification of Illness" form from Health, Counselling and Disability Services, but based on this self-report, I would like to request accommodation for the effects of this temporary illness on my academic performance.			
	I was affected by this illness on the following dates: _____			
	The following academic requirement(s) has/have been affected:			
	Course (i.e., CHEE 3XX)	Course Requirement Affected: (i.e., assignment, quiz, mid/final exam)	Instructor:	Instructor Email:

IMPORTANT: This report is based on my own description of illness. I understand and acknowledge that by filling in and sending/presenting this form, making a false statement will be considered to be a departure from academic integrity and will be investigated accordingly.

Signed: _____ Date: _____

Witness: _____ Date: _____