PHYSICIAN/COUNSELLOR STATEMENT

REGISTRARÕS OFFICE

Student surname | Given names | Student I.D. Number

Current address | Telephone number

TO BE COMPLETED BY STUDENT

GUIDELINES FOR STUDENTS

(1) This form must be accompanied by either an ÒApplication for Deferred Final ExaminationsÓ or an ÒApplication for Deferment of Term WorkÓ.

(2) You will need a Physician/Counsellor Statement for each Faculty Office involved. The Faculty which is offering the course to be deferred grants approval/non-approval of your request.

(3) Once this form is completed by a physician/counsellor, it will be placed in a sealed envelope for you to take to the appropriate Faculty Office(s) within 48 hours of the episode for which you believe special consideration is required. For additional information please refer to the University Calendar.

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TO BE COMPLETED BY PHYSICIAN / COUNSELLOR

GUIDELINES FOR PHYSICIAN / COUNSELLOR

(1) This form is intended to provide Deans at the University of Calgary with sufficient health information to allow them to make a decision regarding the studentÕs request for special consideration due to health problems. The original copy of this form will be placed on the studentÕs permanent file in the Faculty Office.

(2) Complete the appropriate sections of this form and return it, in a sealed envelope, to the student.

1 I have examined the above named individual and found signs and/or symptoms that may require special consideration.

signs and/or symptoms | Date of examination y m d

OR
On the basis of the information provided to me by the above named individual I believe that he/she was suffering from

on the date(s) of | through

Additional comments

2 Physician/Counsellor please check one
On the basis of the information I have, it is ☐, it is not ☐ my opinion that the above named individual was unable on the date(s) indicated to perform normally in a course or to take a final examination for health reasons.

Signature of Physician
X

Printed Name | y m d

Address

Postal Code

Telephone number

PLEASE RETURN THIS FORM IN A SEALED ENVELOPE TO THE STUDENT.

DISTRIBUTION: WHITE - Faculty YELLOW - See below PINK - Physician/Counsellor
The yellow copy of this form will be sent to University Health Services if they are initiating physicians and to the Counselling and Student Development Centre if they are the initiating counsellors after approval/non-approval is granted by a Faculty.

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act and the Federal Statistics Act. This form is required in support of a studentsÕ request for special consideration due to health problems. If you have any questions about the collection or use of this information please contact the Registrar at (403) 220-5510.