### Request for Academic Concession (RAC) for Undergraduate Students

Complete this form only if the final drop deadline has passed and you are applying for one or more of the following:
- Deferral (DEF), unable to complete course requirements by end of term.
- Extended deferral (EXTDEF), unable to complete course requirements by end of time approved for deferral.
- Aegrotat (AEG) grade, notation to be added to grade indicating it was assigned under extenuating or exceptional circumstances.
- Withdrawal (WE) from course(s) under extenuating circumstances.
- Drop, approved in limited cases. Include justification why the course should be removed from the course.

**Contact Information (please print)**

<table>
<thead>
<tr>
<th>Student Number</th>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>V00</td>
<td></td>
<td></td>
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</tbody>
</table>

**Type of Academic Concession Requested**

<table>
<thead>
<tr>
<th>Type of Academic Concession (Select one)</th>
<th>Course (e.g. FRAN 100)</th>
<th>Lecture CRN (e.g. 12456)</th>
<th>Lab or Tutorial CRN</th>
<th>Term &amp; Year (e.g. Fall 2013)</th>
<th>Dean’s Decision (Office Use Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Deferral ☐ Extended Deferral ☐ Aegrotat</td>
<td>☐ WE ☐ Drop ☐ Not Approved</td>
<td>☐ 100% ☐ 50% ☐ Academic Deadline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Withdrawal – Extenuating Circumstances ☐ Drop</td>
<td>☐ WE ☐ Drop ☐ Not Approved</td>
<td>☐ 100% ☐ 50% ☐ Academic Deadline</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Dean’s Signature: ________________________ Date: ____________**

For Office of the Registrar use only:
- SFAREGS: ☐
- FACULTY: ☐
- SHATCKN: ☐
- SPACMNT: ☐

Received: ____________ Initial: ____________

Continue on page 2
Supporting documentation required for a Request for Academic Concession:

1. Prepare a typed statement explaining how completion of course requirements has been interfered with. If you are requesting a deferral or an extension of a deferral, you must include your plan and timeline for completion of the coursework. If a typed statement is not possible, please use the space provided below to write your statement.

and

2. Provide supporting documentation. Note, for a death in the immediate family, an obituary is acceptable as documentation. For other circumstances, please submit a completed Professional Statement in Support of Request for Academic Concession (see page 4) OR other documentation completed by a third party that establishes that you cannot complete the course because of accident, illness or affliction.

☐ See attached or ☐ Hand-write your personal statement below (if a typed statement is not possible)

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

By signing below I, the applicant, consent to the collection and use of personal information about me for the purpose of determining whether academic concession(s) are warranted and academically appropriate.

I, ______________________________ agree to the following:

a) I have accurately represented my circumstances on this form and in my personal statement.
b) I understand that any health or counselling professionals who have provided supporting documentation may be contacted to discuss their statement. I have discussed this with these professionals and given permission for this contact and for them to discuss my request.
c) I understand that the instructors for the course(s) listed may be contacted to discuss my attendance and academic performance.
d) I am aware that this form, personal statement and supporting documentation I submit will remain in my confidential student file and may be consulted in the consideration of other requests for academic concession, both current and in the future.

Student’s Signature: ______________________________ Date: ________________

The University of Victoria collects, uses, discloses and retains personal information only in compliance with the University Act and the British Columbia Freedom of Information and Protection of Privacy Act. The University of Victoria collects the personal information on this form and on the Professional Statement pursuant to section 26(a) and (c) of the Freedom of Information and Protection of Privacy Act. The information provided in this form will be used only for the purposes related to requests for academic concessions. For a detailed listing of the types of Personal Information the University collects and the purposes for such collection see Schedule A, Procedures for the Management of Personal Information. Should you have any questions concerning your personal information, please contact the University Secretary’s office at foipo@uvic.ca or (250) 472-4914.
Professional’s Statement in Support of Request for Academic Concession

Student Number  
V00

First Name

Last Name

Section A  To be completed by the student

My reason(s) for seeking academic concession occurred during the following time frame:

Start date: ___________________________  End date (if known): ___________________________

I authorize ___________________________________ to disclose information about my medical or personal condition(s) for the purpose of determining whether there are grounds for granting an academic concession.

Student’s Signature: _______________________________   Date: _______________________________

Section B  To be completed by the student

I am requesting this concession because the following course components are/were not completed
(note – course components include exams, attending classes and assignments)

<table>
<thead>
<tr>
<th>Course Name and Number (e.g. FRAN 100)</th>
<th>Indicate how many course components are/were not completed (e.g. 2 Exams, 1 Assignments)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ All or __ Exams __ Attending Classes __ Assignments __ Essays __ Other*</td>
</tr>
<tr>
<td></td>
<td>□ All or __ Exams __ Attending Classes __ Assignments __ Essays __ Other*</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td>□ All or __ Exams __ Attending Classes __ Assignments __ Essays __ Other*</td>
</tr>
</tbody>
</table>

* Describe other course component if indicated above

Section C To be completed by a health or counselling professional

CONTACT INFORMATION OR OFFICE STAMP

Continue on page 4
SECTION D  To be completed by a health or counselling professional

1. Do you have sufficient information to speak to this student's ability to complete coursework during the time period indicated by the student?
   - Yes
   - No
   - If no, what time period can you speak to?  Start date: _______________  End date: _______________

2. Based on the information available to you, do you believe the student's academic performance would have been affected during the time period indicated?
   - Yes
   - No

3. To assist in determining whether the concession requested is appropriate please provide information about how the student's academic performance could have been impacted by his or her circumstances. You may use the checklist below, and/or the comments section, or provide a separate written statement.

   Instead of this checklist I have used:  ☐ the Comments section  ☐ a separate written statement

<table>
<thead>
<tr>
<th>Impact</th>
<th>Not Impacted</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to attend class on a regular basis</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to use course materials such as readings, websites</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to concentrate and retain information</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to complete homework assignments</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to complete writing assignments/essays/papers</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to write exams</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to interact with instructors</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to undertake COOP/practicum</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Further Comments

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

IMPORTANT: Please be sure to provide contact info in Section C, on page 3 of this form.

Name of professional (please print)  Signature of Professional  Date