



Office of the Registrar
PO Box 3025 STN CSC
Victoria BC V8W 3P2

Main floor,
University Centre

FAX: 250-721-6225

Request for Academic Concession (RAC) for Undergraduate Students

CONFIDENTIAL

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)

Student Number V00	Last Name	First Name
Telephone Number	Email address	

Important Information & Instructions

Students seeking to withdraw from a course before the final drop deadline should use the online registration system. Students who drop a course because of accident, illness or affliction may appeal for a reduction in fees for the course(s) dropped by submitting an "Appeal for Fee Reduction to the Fee Reduction Appeal Committee (FRAC) (see www.uvic.ca/vpfo/accounting/assets/docs/tuition/Appeal-fee-reduction-form.pdf).

Important information regarding Undergraduate Academic Concession Options and Procedures can be found at <http://www.uvic.ca/registrar/students/appeals/>

Complete this form in full. You must provide supporting documentation and/or the Professional's Statement in Support of Request for Academic Concession (see pages 3 and 4). Return the completed form to the Office of the Registrar.

The University of Victoria recognizes that students submitting a Request for Academic Concession are dealing with exceptional circumstances. Guidance and support is recommended prior to registering for future courses. Students should consult with an academic advisor, counsellor, disability advisor, or health care provider, as appropriate. **Note that decisions to defer or withdraw from courses may have implications for financial aid. Check with Student Awards and Financial Aid.**

This request and supporting documentation are retained in a restricted-access confidential student file.

Type of Academic Concession Requested

Type of Academic Concession (Select one)	Course (e.g. FRAN 100)	Lecture CRN (e.g. 12456)	Lab or Tutorial CRN	Term & Year (e.g. Fall 2013)	Dean's Decision (Office Use Only)
<input type="checkbox"/> Deferral <input type="checkbox"/> Extended Deferral <input type="checkbox"/> Aegrotat <input type="checkbox"/> Withdrawal – Extenuating Circumstances <input type="checkbox"/> Drop					<input type="checkbox"/> WE <input type="checkbox"/> Drop <input type="checkbox"/> Not Approved <input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> Academic Deadline
<input type="checkbox"/> Deferral <input type="checkbox"/> Extended Deferral <input type="checkbox"/> Aegrotat <input type="checkbox"/> Withdrawal – Extenuating Circumstances <input type="checkbox"/> Drop					<input type="checkbox"/> WE <input type="checkbox"/> Drop <input type="checkbox"/> Not Approved <input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> Academic Deadline
<input type="checkbox"/> Deferral <input type="checkbox"/> Extended Deferral <input type="checkbox"/> Aegrotat <input type="checkbox"/> Withdrawal – Extenuating Circumstances <input type="checkbox"/> Drop					<input type="checkbox"/> WE <input type="checkbox"/> Drop <input type="checkbox"/> Not Approved <input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> Academic Deadline
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Dean's Signature: _____

Date: _____

For Office of the Registrar use only: FACULTY: <input type="checkbox"/> SPACMNT: <input type="checkbox"/>	SFAREGS: <input type="checkbox"/> SHATCKN: <input type="checkbox"/> SPACMNT: <input type="checkbox"/>	Received:	Initial:



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)

Course Name and Number (e.g. FRAN 100)	Indicate how many course components are/were not completed (e.g. 2 Exams, 1 Assignments)
	<input type="checkbox"/> All or ___ Exams ___ Attending Classes ___ Assignments ___ Essays ___ Other*
	<input type="checkbox"/> All or ___ Exams ___ Attending Classes ___ Assignments ___ Essays ___ Other*
	<input type="checkbox"/> All or ___ Exams ___ Attending Classes ___ Assignments ___ Essays ___ Other*
	<input type="checkbox"/> All or ___ Exams ___ Attending Classes ___ Assignments ___ Essays ___ Other*
	<input type="checkbox"/> All or ___ Exams ___ Attending Classes ___ Assignments ___ Essays ___ Other*
	<input type="checkbox"/> All or ___ Exams ___ Attending Classes ___ Assignments ___ Essays ___ Other*
	<input type="checkbox"/> All or ___ Exams ___ Attending Classes ___ Assignments ___ Essays ___ Other*
	<input type="checkbox"/> All or ___ Exams ___ Attending Classes ___ Assignments ___ Essays ___ Other*

Section C To be completed by a health or counselling professional
CONTACT INFORMATION OR OFFICE STAMP

* Describe other course component if indicated above

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

	Impacted	Not Impacted	Not Applicable
Ability to attend class on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to use course materials such as readings, websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to concentrate and retain information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to complete homework assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to complete writing assignments/essays/papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to write exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact with instructors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to undertake COOP/practicum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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