

Complete this form and if your request is *during the current term*, submit it to your **Instructor** from your @uregina.ca email. If you are including this self-declaration form with a *request for deferral of coursework or final exam*, or if it is *after the last day of classes*, submit the form to your **faculty, federated college, or academic unit** from your @uregina.ca email.

I, _____
First Name Last Name

Student ID (9 digits)

I certify that I had an illness on the following date(s): _____
and was unable to complete the following course work and/or exams:

Describe the illness: _____

By signing this form, I understand that making a false declaration could result in a formal allegation of Academic Misconduct against me. The University retains the right to request additional documentation. The Dean (or designate) of the student's primary academic unit will determine if additional documentation is required.

Your personal information is collected under the authority of the University of Regina Act, and in accordance with the *Local Authority Freedom of Information and Protection of Privacy Act* (Saskatchewan) and the *Personal Information Protection and Electronic Documents Act* (Canada), for the purpose of a self-declaration of illness. If you have any questions about the collection, use, or disclosure of this information by the University, please contact the Head, Access to Information and Protection of Privacy, 306-585-5163.

DD-MMM-YYYY	
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Date

Signature (Student)