STUDENT SELF-DECLARATION – ACADEMIC CONCESSION

Read the Arts academic concession webpage and your course syllabus before completing this form.

If you are already registered with the Centre for Accessibility and your concession is related to your registered medical condition or disability, contact your Accessibility Advisor.

Select your reason for using this form:

☐ Your instructor requires you to complete this form for a first-time in-term concession.
☐ Academic Advising requires you to complete this form in support of your academic concession case.

Is this your first time using this form this term? Yes ☐ No ☐

Will you be requesting concession in another course? Yes ☐ No ☐

PERSONAL INFORMATION:

Name: ______________________________  Student number: ____________________  Degree: ____________
Email: ______________________________  Telephone: ________________________  Year level: _________

DECLARATION OF MISSED COURSEWORK:

I missed coursework on the following grounds. Click through an option to read a description:

☐ Medical circumstances
☐ Compassionate grounds
☐ Conflicting responsibilities (does not extend to conflicts with other courses or travel)

Description and title of missed coursework __________________________________________________________________________

Approximate dates in which coursework was impacted _________________________________________________________________

Has your reason for missing coursework been resolved? Yes ☐ No ☐ Email of instructor______________________________

Course name/code ___________________________ Number/section __________ Session __________ Term ________

AGREEMENT OF STUDENT RESPONSIBILITIES:

By submitting this self-declaration form, I confirm and acknowledge that:

☐ The details and report of my conflicting responsibility, medical circumstances, or compassionate request, as set out in this declaration are true and accurate.
☐ The submission of false information on this Academic Concession Self-declaration Form will be considered a form of academic misconduct and investigated and penalized accordingly.
☐ Arts Academic Advising Services reserves the right to request additional supporting documentation, and may require more detailed documentation in the event of repeated academic concession requests.
☐ The submission of this declaration does not ensure the granting of the academic concession, such a determination will be made by Arts Academic Advising or my Instructor(s).

Student signature: ______________________________  Date: ____________________________

Privacy Notification: The information on this form is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA) and will only be used and disclosed for purposes related to your request for an academic concession. Questions about the collection of this information may be sent to Arts Academic Advising.