SELF-DECLARATION OF STUDENT ILLNESS FORM

You can use this form to formally self-declare an illness (for up to 3 consecutive days) from academic participation in the University if you require accommodation for missed term work. **This form may NOT be used for missed term tests, the Integrative Poster Project, final exams, or deferred exams.** See your syllabus for more information.

**PLEASE NOTE:**
- You MUST follow the full missed term work outlined in your syllabus for this form to be accepted. Please see your syllabus for instructions.
- You must submit a separate form for each course affected by your illness.
- You may submit a maximum of five Self-Declaration of Student Illness Forms per course, per term.

**TO BE COMPLETED BY THE STUDENT**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student #:</td>
<td>Email: @mail.utoronto.ca</td>
</tr>
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</table>

**Missed Academic Requirement(s)**

<table>
<thead>
<tr>
<th>Course Code:</th>
<th>(ex. BIOA01)</th>
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</thead>
<tbody>
<tr>
<td>Section:</td>
<td>(ex. LEC01)</td>
</tr>
<tr>
<td>Instructor:</td>
<td></td>
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**Description of missed term work (ex. Essay #1, mTuner #2):**

*NOTE: This form may NOT be used for missed term tests, final exams, or deferred exams.*

**Date(s) of Illness**

You can record an illness for up to 3 **consecutive** days. [Date Format: YYY-MM-DD]

1
2
3

**Student Declaration**

By signing this form, I hereby declare that it has been necessary for me to be absent from the University for the period identified above.

By making this declaration I am affirming these statements to be true and that I understand that my declaration is submitted for the purpose of receiving academic accommodation. I also understand and acknowledge that it is my responsibility to complete the requirements of the course and to confirm any necessary academic accommodation arrangements upon my return as directed by my instructor and the policies of my Department.

I understand and acknowledge that making a false declaration would constitute academic misconduct and could be subject to sanctions under the Code of Behaviour on Academic Matters.

**Signature:**

**Date Submitted:** [YYYY-MM-DD]

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**DEPARTMENT ADMINISTRATOR USE ONLY**

<table>
<thead>
<tr>
<th>Date, Stamp, Signature:</th>
<th>Notes:</th>
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</table>

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