SELF-DECLARATION OF STUDENT ILLNESS FORM

You can use this form to formally self-declare an illness (for up to 10 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, 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

Last Name: ___________________________ First Name: ___________________________
Student #: ___________________________ Email: ___________________________

Missed Academic Requirement(s)
Course Code: ___________________________ Section: ___________________________
(ex. BIOA01) (ex. LEC01) Instructor: ___________________________

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.

Original due date of missed term work: ___________________________ (Date Format: YYYY-MM-DD)

Date(s) of Illness
You can record an illness for up to 10 consecutive days. (Date Format: YYYY-MM-DD)

1 2 3 4 5 6 7 8 9 10

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)

DEPARTMENT ADMINISTRATOR USE ONLY

Date, Stamp, Signature: __________________________ Notes: __________________________

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government. In addition, the Ministry of Training, Colleges and Universities has asked that we notify you of the following: The University of Toronto is required to disclose personal information such as Ontario Education Numbers, student characteristics and educational outcomes to the Minister of Training, Colleges and Universities under s. 15 of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, Chapter M.19, as amended. The ministry collects this data for purposes such as planning, allocating and administering public funding to colleges, universities and other post-secondary educational and training institutions and to conduct research and analysis, including longitudinal studies, and statistical activities conducted by or on behalf of the ministry for purposes that relate to post-secondary education and training. Further information on how the Ministry of Training, Colleges and Universities uses this personal information is available on the ministry’s website. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of Information and Protection of Privacy Coordinator at McMurrich Building, room 104, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.