

Bachelor of Health Sciences (Honours) Program
COVID-19 Impact Declaration Form
Queen's University

Bachelor of Health Sciences (Honours) Program Office

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Please refer to the Senate Policy on Academic Consideration for Students in Extenuating Circumstances, and the procedures relating to the policy, prior to completing this form. See <https://www.queensu.ca/studentwellness/resources/students-extenuating-circumstances> for details.

The university will respond, in good faith, to student requests for academic consideration due to the negative impact on academic requirements as a result of COVID-19. This can include, but is not limited to, quarantine, self-isolation, illness, primary care-giver for a family member who is ill, low internet performance, and relocating to home country or province.

This form may be required in situations when extenuating circumstances impact a student's ability, for between 4 days and 3 months, to meet essential requirements or standards. This form is to be used if the student does not have access to other, preferred forms of supporting documentation.

If you feel you are unable to meet academic requirements due to high levels of academic stress, or exam-related anxiety, please contact Student Wellness Services for support.

Name: Student #:

I attest that I was temporarily unable to meet the following academic requirements, and that I do not have access to other, preferred forms of supporting documentation (please list what was missed/will be missed e.g. deadline, coursework, examination etc.). As a result of extenuating circumstances as defined in the Senate Policy, i.e. a personal circumstance, beyond my control, that has direct substantial impact on my ability to meet essential academic requirements or standards.

These circumstances impacted or will impact me for the following time period:

Start date (month, day, year)

End date (month, day, year)

I understand it is my responsibility to follow-up with my instructor(s) within the requested time period.

Please note, we encourage you to touch base with your instructor(s) in a timely manner to ensure academic accommodations are rescheduled accordingly.

Student Signature

Date

Faculty/School Signature

Date

Completion of this form provides confirmation for an instructor to consider reasonable consideration in response to extenuating circumstances that temporarily impact a student's ability to meet essential academic requirements or standards.

The Use of this form to provide false or misleading information, or to delay or avoid fulfilling academic requirements constitutes departure from Academic Integrity, and students will be subject to the university's Academic Integrity Procedures.

All documentation collected related to the Senate Policy on Academic Consideration for Students in Extenuating Circumstances will not be part of a student's permanent academic record, however, it will be securely stored by the Faculty/School Office for the purpose of implementing the procedures and processes.

The personal information collected on this form is collected under the legal authority of the Royal Charter of 1841, as amended. The information collected will be used to make a decision regarding your appeal and to provide a response. This information collected will be used to make a decision regarding your appeal and to provide a response. This information will be retained for a maximum of 15 years in accordance with the Queen's Records Management Policy, 2003. If you have any questions or concerns about the information collected or how it will be used, please contact the *Bachelor of Health Sciences (Honours)* Program Office at bhsc@queensu.ca.