



HEALTHCARE PROVIDER DECLARATION FORM FOR UNDERGRADUATE STUDENTS IN THE FACULTY OF EDUCATION

Student Name:

Student ID:

Program:

OVERVIEW OF INCIDENTAL ACADEMIC CONSIDERATIONS AND PROVISIONS

Please note:

- Incidental health concerns and illnesses (physical and/or psychological) related to academic responsibilities are a valid reason for the following academic considerations.
- The following considerations are meant for **incidental** need. For ongoing, longer-term accommodations, a student would need to make an appointment with an Advisor at McGill's Office for Students with Disabilities to discuss *potential* accommodation plans.

MISSING CLASSES AND/OR PRACTICA AND/OR ASSESSMENTS: Students in Education are expected to attend all classes, especially for intensive courses such as Professional Seminars, and practicum dates, and submit all assessments unless unable to for valid medical reasons. Instructors may request that students make up for any class time missed or assessments not completed, even if a student's absence is permissible.

EXAM DEFERRALS: Students who are unable to write a final exam(s) due to illness may be eligible to apply for an exam deferral. If the request is approved, students will be permitted to write a comparable exam during the next deferred exam period. In the Faculty of Education, students may be granted deferrals for a **maximum of two** exams per term. To qualify, students must submit their request within the deferred exam [application deadlines](#).

LATE WITHDRAWAL: After the university [late withdrawal \(without refund\) deadline](#), students may request a late withdrawal without refund. Requests are evaluated on a case-by-case basis and permission for a late withdrawal will be granted only under **exceptional circumstances** and only **in the term in which a student is registered for the course** (i.e. not retroactively).

PART-TIME STATUS (REDUCED COURSE LOAD): Students in the Faculty of Education must be registered on a full-time basis (generally 4+ classes per term, except the Summer term) throughout their degree. Part-time registration (generally 3 classes or fewer) is not permitted, with the exception of special circumstances, such as personal health reasons.

LEAVE OF ABSENCE: A Leave of Absence may be granted to undergraduate students who are in [Satisfactory standing](#) for special circumstance, such as personal health reasons. Leave of Absence must be requested on a term-by-term basis and may be granted for a period of up to 52 weeks. (Students in a B.Ed program whose leave was granted for personal health reasons are required to submit a "[Return to Study-Healthcare Provider Approval Form](#)" when returning from a Leave of Absence)

For questions about the scope or demands of the student's program, or about any of the above accommodations and provisions, please e-mail isa.education@mcgill.ca or call 514-398-7042.



TO BE COMPLETED BY THE HEALTHCARE PROVIDER:

Name:

Title:

License/Permit no. (where applicable):

Organization:

Address:

Telephone:

DECLARATION OF HEALTHCARE PROVIDER:

By signing below, I confirm that I have examined _____ [student name]
on _____ [date] and it is my professional opinion that they:

- Were unable to attend class on _____ [date(s)]
- Were unable to attend their field placement (practicum) on _____ [date(s)]
- Were unable to complete an in-term assessment (i.e. not a final exam) for its stated deadline:
_____ [specify assessment]
- Should be considered for an exam deferral for
_____ [specify courses; max. 2]
- Should be considered for a late withdrawal without refund for
_____ [specify course(s)]
- Should be considered for Part-Time (reduced course load) status
- Should be considered for a Leave of Absence

I understand that McGill’s Faculty of Education, via its Internships & Student Affairs Office, holds ultimate authority and decision-making on what accommodations and provisions are provided to students, and that this declaration is one of many factors that are taken into consideration.

Please include any additional contextual considerations/restrictions/comments below:

Signature:

Date: