

\*This form is used for in-term academic concessions only. Students requesting an academic concession for final assignments or exams must consult Science Advising.

## STUDENT DECLARATION OF ACADEMIC CONCESSION

This Declaration is intended to support students navigating circumstances that constitute grounds for academic concession, including conflicting responsibilities, medical circumstances, and/or compassionate grounds, that does not fall within the ability to provide traditional documentation otherwise required per the UBC Academic Concession policy, V-135.

UBC Biology, in accordance with concessions approved by UBC Faculty of Science, recognizes that experiencing a challenging emergency or unanticipated event is impactful on a student's ability to fulfill close in time academic commitments. We want to ensure that you are supported as you navigate your academic options.

This self-declaration form may be used to request academic concession outside of those requiring traditional documentation.

It is student responsibility to fill out the Academic Concession Form and send it to their course instructor to request an Academic Concession.

## DECLARATION - TO BE COMPLETED BY STUDENT

I decla	ire, confirm and a	knowledge that:			
1.	A recent challenging emergency/unanticipated situation arose that has impacted or is impacting racademic engagement/performance in course(s) & section(s):				
2.	The nature of my situation falls under one or more of the following categories:				
	☐ Conflicting Responsibilities				
	☐ Medical Circumstances				
	<ul><li>☐ Compassionate Grounds</li><li>☐ Other. Please specify</li></ul>				
3.	The details and re	port of my situation and Academic (	Concession I am requesting:		
4.	This report is tru	ue and accurate;			
5.	·				
6.	. The Biology Program reserves the right to request supporting documentation; and				
7.	The submission of this Declaration does not ensure the granting of the academic concession request.				
Date:_		Academic Term:	Session: (Winter / Summer)		
Stude	nt Signature:				
Last Name:		First Name:			
Student Number:		Program:	Year Level:		

	Please indicate on the form if you are accepting the requested concession. If no, please indicate what concession is being granted.				
	Please email the completed form to Tammy Tromba, Senior Biology Program Assistant, at tromba@biology.ubc.ca. Please include the following in the subject line of the email: Course Name_Student Name_Student ID.				
	Is the requested concession approved? If no, what concession is being granted?	Yes	No		
Date:					
Instruc	tor Signature:				
Instructor Last Name:		Instructor	First Name:		

8. <u>Instructions for course instructor</u>: