



Health Care Provider Statement

Students applying for accommodation (e.g. deferrals, extensions) in their classes for medical reasons are asked to submit this form to their instructor.

Applicant's Information

surname _____ Mr Mrs Miss Ms

given names _____ preferred name _____

SFU student # _____ course/number _____ instructor's name _____

Health Care Provider's Information

How long has this student been a patient or client? _____

Please list dates that this student has been attended by you for this personal concern or illness. _____

How does this condition prevent the student from attending all or some university courses, classes, etc.? _____

In your opinion, what date will this student be able to return to university studies? _____ full-time part time

Remarks _____

title _____ name _____

address _____ telephone _____

signature _____

Please note that if there is a charge for completing this form, this is the responsibility of the student.

The information on this form is collected under the authority of the University Act [RSBC 1996, c.468, s.27(4)(a)]. It is related directly to, and needed by the University for, making a decision on your request for extension or deferral. The information will be used only for this purpose. If you have any questions about the collection and use of this information contact your course instructor or departmental advisor.

In addition to the personal information collected on this form, the instructor may need to contact your health care professional to discuss your application for accommodation. Any additional personal information collected from your health care professional relates specifically to the accommodation you require. This information is collected and used for the same purposes as noted above.

By signing below I consent to the collection and use of personal information about me as noted above. I understand that failure to consent may result in rejection of my application for accommodation.

signature _____ date _____