

HEALTH CARE PROVIDER STATEMENT

DATE COMPLETED BY HEALTHCARE PROVIDER _____

STUDENTS APPLYING FOR DEFERRALS, EXTENSIONS OR OTHER CONCESSIONS IN THEIR CLASSES FOR MEDICAL REASONS ARE ASKED TO HAVE THEIR OWN DOCTOR FILL OUT THIS FORM. SUBMIT THIS FORM TO THE INSTRUCTOR OF THE CLASS.

STUDENT INFORMATION:

Student's last name _____ Title Mr Mrs Miss Ms

First name _____ Preferred name _____

SFU student # _____ Course/number _____ Instructor name _____

HEALTH CARE PROVIDER STATEMENT:

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 completing course activities such as attending classes, completing homework assignments, etc.?

In your opinion, what date will this student be able to return to university studies/write exams?

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.

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY

The information on this form is collected by Simon Fraser University under the authority of the University Act [RSBC 1996, C.468, s27 (4)(a)], and 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 extension/deferral. Any additional personal information collected from your health care professional relates specifically to the concessions you require. This information is collected and used for the same purposes as noted above.

By signing below I, the applicant, 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 extension/deferral.

Signature _____ Date _____