

Student Declaration of Extenuating Circumstances

This is a formal document that serves as a Letter of Support for a Student Request for Leniency, Incomplete, and/or Withdrawal with Cause

Counselling Services

Anderson Hall, AH153

University of Lethbridge

4401 University Dr W, Lethbridge, AB T1K 3M4

Email: counselling.services@uleth.ca

Phone: 403-317-2845

University of
Lethbridge



Process of Declaration:

1. Student completes this declaration and emails it to Counselling Services (email above).
2. Counselling Services has up to 72 business hours to review the completed declaration.
3. Counselling Services will email the declaration to the U of L staff identified by the student below.

Student First & Last Name: _____

Student U of L Email: _____

Student ID: _____

This completed declaration will serve as formal documentation (letter) of my extenuating circumstances and request for academic leniency, Incomplete, or Withdrawal with Cause.

- I understand it may take up to 72 hours for Counselling Services to have this declaration reviewed and sent to the Instructor(s) and/or Academic Advisors I list below.
- I understand that **extenuating circumstances**, as defined in the University of Lethbridge calendar, are cases of serious illness or other extenuating circumstances **beyond the control** of the student, which make continuation in a course **impossible**. Examples of extenuating circumstances that could not be prevented and are beyond your control include:
 - Recent death (close family or friend)
 - Serious, acute illness requiring hospitalization or medical attention
 - Traumatic event (e.g., sexual or physical assault)
 - Homelessness
- I understand that I do not have to disclose my personal circumstances with my Instructor or Academic Advisor; however, it is my responsibility to communicate my academic needs and follow up regarding my academic request.
- I understand that false claims constitute a non-academic offense that may result in disciplinary action as outlined in the [Student Discipline Policy – Non-Academic Offense Undergraduate and Graduate Students \(Section 5. Misrepresentation and Falsified Documents\)](#)
- I understand that as a U of L student, Counselling Services is available to me if I need emotional support or coping skills for my overall wellbeing. I understand it is my responsibility to request support from Counselling Services if I require more than this declaration.
- This form can only be used once per academic semester. I understand that misuse of this form can result in a non-academic offense.
- I understand that provision of any academic leniency is under the discretion of my Instructor and/or Academic Advisor.
- I understand that I can contact the Counselling Services Intake Coordinator via email or phone if:
 - I am unsure if I meet the criteria for extenuating circumstances.
 - An Instructor or Academic Advisor requires more information than this declaration form.
 - If I am having difficulty completing this declaration.

I am Requesting:

Request for Leniency

Students are encouraged to communicate their needs with their Instructor first before completing this formal declaration form, as many leniency requests can be resolved directly with an Instructor without this formal declaration. However, a formal declaration including the specifics of your Request for Leniency may be required or requested by an instructor. This section should then be completed, and Counselling Services will review and send this declaration to your Instructor.

Extension on Assignment(s):

Course Number _____ Instructor Name _____ Instructor Email _____	Course Number _____ Instructor Name _____ Instructor Email _____	Course Number _____ Instructor Name _____ Instructor Email _____
Course Number _____ Instructor Name _____ Instructor Email _____	Course Number _____ Instructor Name _____ Instructor Email _____	Course Number _____ Instructor Name _____ Instructor Email _____

Missed Exam:

Course Number _____ Instructor Name _____ Instructor Email _____	Course Number _____ Instructor Name _____ Instructor Email _____	Course Number _____ Instructor Name _____ Instructor Email _____
Course Number _____ Instructor Name _____ Instructor Email _____	Course Number _____ Instructor Name _____ Instructor Email _____	Course Number _____ Instructor Name _____ Instructor Email _____

Excused Absence:

Course Number _____ Instructor Name _____ Instructor Email _____	Course Number _____ Instructor Name _____ Instructor Email _____	Course Number _____ Instructor Name _____ Instructor Email _____
Course Number _____ Instructor Name _____ Instructor Email _____	Course Number _____ Instructor Name _____ Instructor Email _____	Course Number _____ Instructor Name _____ Instructor Email _____

Request for an Incomplete (Declaration will be sent to your Academic Advisor)

As stated in Academic Regulations: The designation of 'I' is awarded only in case of illness or other extenuating circumstances beyond the control of the student, which make it impossible to complete the required work by the close of a term. The 'I' designation is awarded only on application to and approval of both the instructor and the appropriate Dean and such application is not reviewed until the last two weeks of classes. When the 'I' is approved, an appropriate deadline is determined for completion of outstanding work. A student who does not complete outstanding work by the assigned deadline will normally receive an 'F' in the course.

The 'I' designation may be converted by the instructor to a letter designation within a maximum of one year; if not so converted, it becomes an 'F' except where circumstances continue to prevent the completion of the course, in which case the 'I' designation remains on the academic transcript.

An 'I' designation assigned in an Education Field Experience course has a different interpretation. Details are available from the Assistant Dean, Student Program Services, Faculty of Education.

The 'I' designation is not available in Nursing Practice or Public Health practicum courses. Students enrolled in these courses should see an academic advisor in the Faculty of Health Sciences for details.

The Courses I am Requesting an Incomplete for are:

- Course Number _____
- Course Number _____
- Course Number _____
- Course Number _____
- Course Number _____
- Course Number _____

Academic Advisor Name: _____

Academic Advisor Email: _____

Request for Withdrawal with Cause (*Declaration will be sent to your Academic Advisor*)

As stated in Academic Regulations: The designation 'WC' is recorded only in case of serious illness or other extenuating circumstances beyond the control of the student, which make continuation in a course impossible and where an 'Incomplete' designation is not in order. For admitted students, the 'WC' is recorded only on application to the Faculty or School advising office. For Open Studies students, the 'WC' is recorded upon application to Student Enrolment and Registrar Services.

Prior to readmission, students who are granted a complete 'Withdrawal with Cause' may be requested to provide evidence that the conditions which led to the complete withdrawal (WC) have been identified and addressed. Coordination among units, including academic advising, Counselling Services and Admissions will take place.

The Courses I am Requesting a Withdrawal with Cause for are:

Course Number _____
Course Number _____
Course Number _____
Course Number _____
Course Number _____
Course Number _____

Academic Advisor Name: _____

Academic Advisor Email: _____

I give consent for Counselling Services to email my completed Student Declaration of Extenuating Circumstances to the noted Instructors and/or Academic Advisors listed above. In doing so, it is important to consider the risks and benefits of releasing your private information:

- We cannot guarantee that other parties, who you deem privy to your information, will keep it confidential.
- Sharing your information via electronic means (e.g., email) has risks such as hackers, wrong recipient, another person reading the email.
- Counselling Services will not store this declaration. It is the student's responsibility to save this declaration for their records.
- This declaration has the potential to be recorded on your permanent academic record once shared with Instructors or Academic Advisors.

I declare that I have experienced an extenuating circumstance beyond my control that has made it impossible to complete my academics and has led to the above Request for Leniency, Incomplete, and/or Withdrawal with Cause.

Student Signature: _____

Date Signed: _____

For Counselling Services Use Only

This Student Declaration of Extenuating Circumstances has been reviewed and signed by a Counselling Services staff on:

(Date)