

provide the following information to Western University and, if required, to supply additional information relating to my petition for special academic consideration.

Signature

Date

examination and applicable documented history at the time of illness or injury, not after the fact.

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Initial the most relevant category	Degree of Incapacitation on Academic Functioning	Start Date	Anticipated End Date
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	student with respect to the present illness/episode of illness/injury
	Once- Visit Date:
	Multiple/On-going- Visit Dates:

Additional Comments:

III. VERIFICATION BY LICENSED PRACTITIONER: I certify that this assessment falls within my legislated scope of practice.

NAME (please print)

REGISTRATION No. CPSO

SIGNATURE

DATE

ADDRESS (stamp, business card or letterhead acceptable) TELEPHONE #

Completion of this form does not guarantee that special consideration will be granted. Incomplete forms will not be processed.