NOTE: If you change your address or email, please update your Student Centre accordingly.

REQUEST FOR “MED” NOTATION - STUDENT FORM
Office of the Registrar ■ 5A

(PLEASE PRINT)

Family Name ____________________________________________

First Name ____________________________________________

Concordia I.D. Number ____________________________

Home Telephone _______________________________________

AREA CODE __________________________________________

Business Telephone ___________________________________

AREA CODE __________________________________________

E-mail address _________________________________________


Procedure:

1. Deadline for application:
   - January 15 for Fall courses (1/2) or missed replacement exams from October or December
   - May 10 for Fall/Winter courses (3/ and 4/) or missed replacement exams from February or April
   - August 31 for Summer courses (1/) or missed replacement exams from June or August

2. Processing fee: $35 per course (non-refundable)


I did not write my final examination and/or complete all the required term work in the course(s) listed below due to a long-term medical situation and wish to have my original grade replaced with a “MED” notation.

<table>
<thead>
<tr>
<th>COURSE NAME</th>
<th>COURSE NUMBER</th>
<th>SESSION</th>
<th>SECTION</th>
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<tbody>
<tr>
<td>ACCO</td>
<td>213</td>
<td>4</td>
<td>AA</td>
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Regulations:

1. A “MED” notation cannot be approved in a course(s) with an “R” or “NR” grade. Also, the original grade submitted must contain the “DNW” or “INC” notation.
2. This application must be submitted to the Birks Student Service Centre (LB 185) by the deadline noted above along with the necessary processing fee. No extensions will be granted.
3. You are also required to submit the attached Request for MED Notation, Physician Form.
4. Decisions on this request will not generally be made prior to the DNE (did not enter) deadline.
5. Please refer to Section 16.3 of the current Undergraduate Calendar for further information.
6. All applications must be submitted along with a statement explaining the situation and the reasons for the request. Statements should be a maximum of one page.

Student’s Signature ____________________________ Date ____________

OFFICE USE ONLY

PAYMENT METHOD: ____________ DATE: ____________ AMOUNT: ____________ INITIALS: ____________

☐ D/C  ☐ MO
REQUEST FOR “MED” NOTATION — PHYSICIAN FORM

Family Name ________________________________
First Name ________________________________
Home Telephone ________________________________
E-mail address __________________________________

This section MUST be legible and completed by a licensed medical practitioner only.

The above mentioned student was seen for a medical condition on __________________________ Date(s)

The student is/was not able to write his/her exam(s) on __________________________ Date(s)

Did the student’s medical condition prevent them from submitting required class work: ☐ YES ☐ NO

Was this serious illness/injury predictable/foreseeable? __________________________

Is the student’s medical condition long term? ☐ YES ☐ NO

If yes, please state the dates from when the medical condition first presented itself until the last date the student visited your office.

________________________________________________________________________

How did this serious illness/injury prevent the student from writing the exam(s) or from completing the course(s)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

M.D.’s Name __________________________ PLEASE PRINT

Telephone ________________________________

Licence/Registration No. __________________________

Date __________________________

Signature __________________________

M.D. / Hospital / Clinic Stamp

Student’s Signature __________________________

Date __________________________

OFFICE USE ONLY ☐ D/C ☐ MO

PAYMENT METHOD DATE: AMOUNT: INITIALS: