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

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

(PLEASE PRINT)

Family Name

First Name

Concordia I.D. Number

Home Telephone

Business Telephone

E-mail address

Please tick if you are a Potential Graduate for ☐ Spring  or  ☐ Fall

Date of Birth (DD/MM/YY)

Procedure:

1. Deadline for application: January 15 for Fall courses (/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: $36 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>
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<tr>
<th>COURSE NAME e.g. ACCO</th>
<th>COURSE NUMBER</th>
<th>SESSION</th>
<th>SECTION</th>
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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

Office of the Registrar  ■  5B

(PLEASE PRINT)

Family Name ____________________________

First Name ____________________________

Concordia I.D. Number __________________

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

PAYMENT METHOD                     DATE:                        AMOUNT:                        INITIALS:

☐ D/C  ☐ MO

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PLEASE PRINT