REQUEST FOR "MED" NOTATION - STUDENT FORM

Office of the Registrar ■ **5A**

(PLEASE PRINT)

Family Name _____

First Name _____

Home Telephone _____ AREA CODE

Business Telephone _____ AREA CODE

E-mail address _____

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

Concordia I.D. Number _____

Date of Birth (DD/MM/YY) _____

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

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: **$47 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.

COURSE NAME	COURSE NUMBER	SESSION	SECTION
e.g. ACCO	213	4	AA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Regulations:

1. A "MED" notation cannot be approved in a course(s) with an "R", "NR", or "NCR" 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 reasonsfor the request. Statements should be a maximum of one page.

Student's Signature _____ **Date** _____

OFFICE USE ONLY	PAYMENT METHOD:	DATE:	AMOUNT:	INITIALS:
	❒ CC ❒ D/C			

UNIVERSITÉ Concordia UNIVERSITY

REQUEST FOR "MED" NOTATION — PHYSICIAN FORM

Office of the Registrar ■ **5B**

(PLEASE PRINT)

Family Name _____ **Please tick if you are a Potential Graduate for** ☐ Spring OR ☐ Fall

First Name _____ **Concordia I.D. Number** _____

Home Telephone _____
AREA CODE

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

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 (all dates student was seen) _____
Date(s)

The student is/was not able to write their exam(s) on _____
Date(s)

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

When was this student's long-term illness first diagnosed by a physician? _____

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 ☐ CC ☐ D/C	DATE:	AMOUNT:	INITIALS:

06/25