**STUDENT DECLARATION OF ACADEMIC CONCESSION FOR MATH COURSES**

| Fill this form out and scan or hand it to the instructor of the course. |
| This form is for in-term academic concessions only. Students requesting an academic concession for final assignments or exams must consult their Faculty Advising Office. |

This Declaration is intended to support students navigating circumstances that constitute grounds for academic concession, including conflicting responsibilities, medical circumstances, and/or compassionate grounds, that does not fall within the ability to provide traditional documentation otherwise required per the UBC Academic Concession policy, V-135. The Department of Mathematics recognizes that experiencing a challenging emergency or unanticipated event is impactful on a student's ability to fulfill close in time academic commitments. In such circumstances, we want to ensure that you are well connected to support resources and to help you navigate your academic options.

**DECLARATION – TO BE COMPLETED BY STUDENT**

| COURSE: MATH ____________ SECTION: ___________ Academic Term: 2019W |
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I declare, confirm and acknowledge that:

1. A recent challenging emergency/unanticipated situation arose that has impacted or is impacting my academic performance;
2. The nature of my situation falls under one or more of the following categories:
   - ☐ Conflicting Responsibilities
   - ☐ Medical Circumstances
   - ☐ Compassionate Grounds
3. The details and report of my situation:

4. This report is true and accurate;
5. The submission of false information on this Declaration may be investigated as academic misconduct;
6. The Department of Mathematics reserves the right to request supporting documentation; and
7. The submission of this Declaration does not ensure the granting of the academic concession request.

Student Signature: __________________________________________ Date: __________________________

Family Name: __________________________________________ Preferred Name: __________________

Student Number: __________________________________________