This form is for in-term academic concessions only. Students requesting an academic concession for final assignments or exams must consult Science Advising.

**STUDENT DECLARATION OF ACADEMIC CONCESSION**

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.

UBC Faculty of Science 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.

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**DECLARATION – TO BE COMPLETED BY STUDENT**

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 Faculty of Science reserves the right to request supporting documentation; and
7. The submission of this Declaration does not ensure the granting of the academic concession request.

Date: ________________  Academic Term: ________________  Session: (Winter / Summer)

Student Signature: ____________________________________________________

Last Name: ___________________  First Name: ___________________

Student Number: ___________  Program: ___________________  Year Level: ________