REQUEST FOR RELIEF FOR MISSED ACADEMIC WORK

**GENERAL INFORMATION**

- A Request for Relief for Missed Academic Work based on extenuating medical or personal reasons must be made to the School of Nursing within 5 days of the missed work.
  - Please note: The McMaster Student Absence Form (MSAF) can be used to request accommodation for missed academic work due to minor medical situations that last up to 3 days. The MSAF can be used once per term. Please see the following website for information: [http://www.mcmaster.ca/msaf/](http://www.mcmaster.ca/msaf/)
  - This form cannot be used during the final examination period. Please see the Request for Deferred Final Examination form to request special consideration during the final examination period.

- A Request for Relief for Missed Academic Work must be accompanied by supporting documentation outlining the medical reasons or compassionate grounds which made it impossible for the student to complete the academic work on the scheduled date.
  - Examples of documentation include: doctor’s note, obituary, funeral card, police report, letter from faith leader or therapist, or the McMaster Student Health Certificate which can be found: [http://nursing.mcmaster.ca/docs/default-source/Documents-and-Files/hth-cert.pdf?sfvrsn=0](http://nursing.mcmaster.ca/docs/default-source/Documents-and-Files/hth-cert.pdf?sfvrsn=0)
  - If additional documentation is required upon review of the request, the School of Nursing will contact the student.

- Requests for Relief from Missed Academic Work are only considered for extenuating medical or personal reasons. If you are unsure if your situation constitutes an extenuating medical or personal situation, please contact Academic Advising Services (see contact information below).

- Decisions regarding Request for Relief for Missed Academic Work are final. In accordance with the Student Appeal Procedures, decisions made on Request for Relief for Missed Academic Work cannot be appealed to the Senate Board for Student Appeals. If a student feels his/her human rights have been violated, they may contact Human Rights & Equity Services in Room 212 of the McMaster University Student Centre, to initiate a complaint.

**GUIDELINES FOR COMPLETING THIS FORM**

- This form must be fully completed by the student and **must be accompanied** by supporting documentation (see above). Please submit the form and documentation to the appropriate site:
  - Mohawk & McMaster site students – BScN Program Office via email (bscnadvising@mcmaster.ca) or fax (905-570-0667)
  - Conestoga site students – Conestoga Academic Advising Office via email (aharrison@conestogac.on.ca) or fax (519-748-3562)

- The School of Nursing will review the request and notify the student via email once a decision has been reached.
REQUEST FOR RELIEF FOR MISSED ACADEMIC WORK

This form must be fully completed by the student and submitted to the School of Nursing within five (5) business days of the missed academic work. Please read and follow the guidelines on page 1 of this form.

STUDENT INFORMATION

Student Name: _____________________________  McMaster Student #: _____________________________

McMaster Email Address: ___________________  @mcmaster.ca  Telephone Number: ______________________

Site:  □ McMaster  □ Mohawk  □ Conestoga  Level:  □ 1  □ 2  □ 3  □ 4

Program Stream:  □ Basic (A)  □ Post RPN (E)  □ Accelerated (F)

MISSED ACADEMIC WORK INFORMATION

Please provide information about the academic work for which you are requesting special consideration:

Term:  20____  □ Fall  □ Winter  □ Spring/Summer

Impacted course(s) and academic work:

<table>
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<tr>
<th>Course Code (e.g. HTHSCI 11L3)</th>
<th>Description of Missed Academic Work (e.g. midterm, participation, essay #2 deadline, clinical shift)</th>
<th>Weight (%) of Missed Work</th>
<th>Date of Missed Work</th>
<th>Instructor</th>
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REASON FOR MISSING ACADEMIC WORK

Please outline the reason(s) you were unable to complete the above listed academic work on the scheduled date.

__________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

☐ I have read and understand the McMaster BScN Program Request for Relief for Missed Academic Work policies.

☐ I have attached supporting documentation and have clearly explained the circumstances of my request.

Student signature: _____________________________  Date: _____________________________

FOR OFFICE USE ONLY

☐ LEAD(S) NOTIFIED  by: _______  Date: ________________  Lead(s) Contacted: _____________________________

☐ GRANTED  ☐ DECLINED  by: _______  Date: ________________

☐ DATABASE UPDATED  by: _______  Date: ________________

☐ EMAIL STUDENT AND LEAD  by: _______  Date: ________________