

STUDENT DECLARATION OF ABSENCE FROM FACE-TO-FACE CLASSES, ACTIVITIES, AND LABS

In order to comply with BC's Public Health Authority, please do not attend campus this semester if you are ill. Students who have **missed** a scheduled face-to-face class, required activity, or laboratory session because of illness or injury are required to submit this Student Declaration of Absence form to their instructor within 48 hours of the absence. Your instructor will work with you to accommodate this absence. This will most likely require you to attend a make-up class or lab.

PLEASE NOTE:

- You must submit a separate form for each course affected by your absence.
- Email the form to your instructor using your UFV student email address.
- You will not be penalized for your absence.
- While every effort will be made to ensure students can make up face-to-face coursework, it may not possible to accommodate prolonged or repeated absences through the term. If you find yourself facing such a situation, or wish to discuss your personal circumstances, please contact studentsupport@ufv.ca for assistance.

| TO BE COMPLETED BY | THE STUDEN | Т | | | | | | | | |
|--|----------------------|-------------------------------|---------------------|--------------------|-------------|--------------------|--------|---------|--------|--|
| Student Contact Information | า | | | | | | | | | |
| Last Name | First Nar | First Name | | Middle Name | | UFV Student Number | | | | |
| | | | | | | | | | | |
| Address | | | City Postal Code | | | | | | | |
| Telephone/Cell | | | UFV Student Email | | | | | | | |
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| Missed Class or Lab | | | | | | | | | | |
| Course Code (ex. BIO112) | CRN | Date of absence | | Instructor's N | r's Name | | | | | |
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| Were you absent because of th | e result you receive | d from the <u>BC Self-Ass</u> | <u>essment</u> ? Ye | es 🗆 No 🗆 | | | | | | |
| tudent Declaration | | | | | | | | | | |
| y signing this form, I hereby de | | • | | | | | | | | |
| f this declaration may be kept of | _ | | • | | - | | | | | |
| uring the time of my absence. I ould be subject to sanctions und | | | | aration would c | onstitute a | acade | emic m | isconau | ct and | |
| Student's Signature | | | | Date (YYYY/MMM/DD) | | | | | | |
| | | | | | | | | | | |
| Instructor (or designate) Signatu | | Date (YY | Date (YYYY/MMM/DD) | | | | | | | |
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FREEDOM OF INFORMATION/PROTECTION OF PRIVACY. The information on this form is collected under the authority of British Columbia's Freedom of Information and Protection of Privacy Act [(RSBC 1996) chapter 126] and the University Act. This information is used only for the administration of academic programs and providing educational and related support services. If you have any questions about the collection and use of this information, contact <u>FIPPA@ufv.ca</u>.