

# 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 <a href="mailto:studentsupport@ufv.ca">studentsupport@ufv.ca</a> for assistance.

## TO BE COMPLETED BY THE STUDENT

Student Contact Information									
Last Name	First Name	Middle Name	UFV Student Number						
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Address		City		•	·	·	Posta	l Code	
Telephone/Cell		UFV Student Email					- I		

### Missed Class or Lab

Student Contact Information

Course Code (ex. BIO112)	CRN	Date of absence	Instructor's Name	

# Student Declaration

By signing this form, I hereby declare that I missed the course requirements listed above for the reasons stated. I understand that a record of this declaration may be kept on file. I acknowledge that this is not an exemption from any exams, papers, or projects that were missed during the time of my absence. I understand and acknowledge that making a false declaration would constitute academic misconduct and could be subject to sanctions under UFV's <u>Student Academic Misconduct (70) policy</u>.

Student's Signature	Date (YYYY/MMM/DD)
Instructor (or designate) Signature	Date (YYYY/MMM/DD)

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 FIPPA@ufv.ca.