

**UNIVERSITY OF WINDSOR
FACULTY of LAW**

MEDICAL CERTIFICATE

STUDENT NUMBER: _____

A. TO BE COMPLETED BY THE STUDENT:

I, _____, hereby authorize Dr _____ to provide the following information to the University of Windsor and, if required, to supply additional information to support my request for special academic consideration for medical reasons. My personal information is being collected under the authority of the *University of Windsor Act 1962* and will be used for administrative and academic record-keeping, academic integrity purposes, and the provision of services to students. For questions in connection with the collection of this information, the Associate Dean at the Faculty of Law may be contacted at 519.253.3000 Ext. 2923.

Signature

Witness

Date

B. TO BE COMPLETED BY THE PHYSICIAN:

I hereby certify that the above student was seen in Medical & Health Services for assessment and treatment. On the basis of that visit, (or those visits) I am providing the following information for a petition to the Academic Status Committee in the Faculty of Law.

1. What is the Diagnosis [in broad terms] of the medical problem that would have impacted upon their course of study?

2. Is this an acute or chronic problem for the student? _____

3. Dates during which the student claims to have been affected by this problem (or acute episode if the problem was chronic). _____

4. Dates seen in the clinic. _____

5. In what way was the student affected by the problem to impair their ability to study or prepare for examinations?

6. If the student is permitted to continue their course of study, is the medical problem likely to recur and affect their studies again?

Physicians name (please print)

Date

Signature

Office Stamp