Student Medical Certificate[1]
Centre for English Language Development

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 Director of the Centre for English Language Development may be contacted at 519-253-3000, ext 3405.

_____ _____ _____
Signature Student Number Date

Note to the Student: This medical certificate, when completed by a physician, will be used by the Centre for English Language Development to determine whether you can receive **consideration** for a missed program responsibility (e.g., missed final exam). **This certificate, when completed, does not automatically excuse you from this program responsibility**.

B. TO BE COMPLETED BY THE TREATING LICENSED MEDICAL PRACTITIONER OR REGISTERED PSYCHOLOGIST:

I hereby certify that the above student was seen in this office for assessment and/or treatment. On the basis of that visit (or those visits), I am providing the following information for a petition to the Centre for English Language Development Office.

1. Dates the student has been seen in your office: _____
2. Is this an acute or chronic problem for the student?_____
3. Dates during which the student claims to have been affected by this medical issue(s) (or acute episode if the issue(s) were chronic):_____
4. Do the medical issue(s) identified above impair the student's ability to attend classes?
   _____
5. Do the medical issue(s) identified above impair the student's ability to write exams?
   _____

   _____

_____
Medical Practitioner / Registered Psychologist's Name Date

_____
Medical Practitioner / Registered Psychologist's Signature

PLEASE RETAIN COPY FOR THE PATIENT'S CHART. Note: Cost of certificate to be paid by student (costs may differ per medical facility.)

[1] This form has been adapted, with permission, from the University of Windsor's Faculty of Law Student Medical Certificate. **Centre for English Language Development 14Dec2016**