



Self-Declaration Form for Brief or Temporary Absence

This self-declaration is in place of a sick note/supporting documentation, as per the Self-Declaration for Brief and Temporary Student Absences Policy. No additional documentation is required.

Student name: _____

Student number: _____

Student U of M email address: _____

Date(s) of brief absence: _____

Course Number: _____

Instructor: _____

NOTE: You must complete Section 1 and Section 2:

Section 1: Nature of Extenuating Circumstance

- Health condition or injury
- Compassionate/Personal
- Bereavement
- Participation in University athletic/scholastic event*
- Religious Observance
- Other: _____

Section 2: Academic Requirements needing consideration

- Mid-term exam
- Final exam
- Other exam: _____

Section 3: Self Declaration of Brief Absence

I am submitting this self-declaration as a request made in good faith for academic consideration, for a maximum of 120 hours, at which point I expect to resume all academic obligations: _____ (initial)

I declare that I am unable to complete the above academic requirement due to an extenuating circumstance as outlined in Section 1 which is limiting or will limit my ability to complete academic requirements.



**University
of Manitoba**

For deferred final exam, I understand it is my responsibility to contact an advisor in my faculty of registration and submit this form within 48 hours of my missed final exam. (in accordance with the [Deferred and Supplemental Examination Procedures](#)).

Note: If the 48 hour timeframe falls on a weekend/University closure, the form can be submitted by the next business day.

I understand that providing any false or misleading information, or using this form to inappropriately delay or avoid fulfilling academic requirements, constitutes academic misconduct and a breach of academic integrity as outlined in the [University of Manitoba Student Discipline By-Law](#).

Student Signature: _____

(Note: submitting this form electronically from a U of M email account will be accepted in lieu of a signature)

Date: _____

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Your personal information and personal health information (“information”) is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of determining your eligibility to receive academic consideration(s), and for communication. Your information will not be used or disclosed for other purposes, unless permitted by *The Personal Health Information Act* (PHIA) or *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.