University of Victoria

Undergraduate Records
Main Floor
University Centre

REQUEST FOR ACADEMIC CONCESSION (RAC)

BASED ON DOCUMENTED ILLNESS, INJURY, OR AFFLICTION
TO BE USED ONLY AFTER THE ACADEMIC DROP DEADLINE

SURNAME	GIVEN NAMES	UVIC ID NUMBER
		V 0 0

→**HAS THE ACADEMIC DROP DEADLINE PASSED?** If not, do not use this form. Drop the courses through uSource and request a fee refund by submitting an appeal, with supporting documentation, to the Fee Reduction Appeals Committee (FRAC): registrar.uvic.ca/undergrad/records/documents/frac.html

→**DO YOU HAVE A STUDENT LOAN THIS TERM?** If so, you are advised to check with Student Awards and Financial Aid to determine if the approval of this RAC will have an impact on your eligibility for government student assistance: http://registrar.uvic.ca/safa/

→**HAVE YOU COMPLETED ALL THE WORK FOR ANY OF THE COURSES YOU INTEND TO LIST BELOW?** If so, you are not eligible for an Academic Concession unless you can obtain supporting documentation that you were not medically or otherwise fit to make a decision whether or not to complete the work.

→**HAVE MORE THAN 10 WORKING DAYS PASSED SINCE THE END OF THE EXAMINATION PERIOD OF THE TERM FOR ANY OF THESE COURSES?** If so, you must supply an explanation for your delay in submitting this RAC, and your supporting documentation must address this delay.

THIS FORM CANNOT BE PROCESSED UNLESS PROPER AND SUFFICIENT DOCUMENTATION IS PROVIDED AS INSTRUCTED ON THE REVERSE

DEFERRED STATUS or AEGROTAT NOTATION

DEFERRAL (DEF). This is appropriate if you cannot complete course requirements by the end of term due to injury, affliction, or illness.
EXTENDED DEFERRED (ExtDEF). This is appropriate only in exceptional circumstances where injury, affliction, or illness prevents you from completing DEF coursework by the established deadline. It requires the submission of another, completed, supported RAC.
AEGROTAT NOTATION (AEG). This is a notation added to a course grade in cases where injury, affliction, or illness affected your performance in a completed course, or will prevent completion of a course and a DEF is not viable.

COURSE	LECTURE CRN	LAB. /TUT. CRN	INSTRUCTOR	REQUEST DEF	ExtDEF	AEG
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

DROP

This is appropriate if you cannot complete course requirements by the end of term due to injury, affliction, or illness AND a DEF or AEG is not a viable option.

COURSE	LECTURE CRN	LAB./TUT. CRN	LAST ATTENDANCE	OFFICE USE ONLY
				☐100 ☐50 ☐A.D. ☐N.A.
				☐100 ☐50 ☐A.D. ☐N.A.
				☐100 ☐50 ☐A.D. ☐N.A.
				☐100 ☐50 ☐A.D. ☐N.A.
				☐100 ☐50 ☐A.D. ☐N.A.

If a DEF or ExtDEF is approved, any and all required coursework (including exams) must be completed:
- for First Term courses in Winter Session (September – December): by the end of the following April;
- for Second Term courses in Winter Session (January – April): by the end of the following August;
- for Summer Session courses (May – August): by the end of the following December.

The obligation to complete DEF and ExtDEF work is binding: if the work is not completed by the specified date, the final grade for the course becomes N, a permanent, failing grade.

YOUR SIGNATURE IS REQUIRED for all requests: ______________________________

DATE: ____________________

TELEPHONE: ________________ **PREFERRED UVIC EMAIL:** ____________________________

To authorize this RAC, your telephone and email information must match that in your uSource personal information.

OFFICE USE ONLY

APPROVAL OF THE DEAN (OR DESIGNATE)
OF THE STUDENT'S FACULTY OF REGISTRATION:

SIGNATURE: ______________________________

FACULTY: ________________________ DATE: __________________

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PERSONAL AND CONFIDENTIAL MEDICAL OR COUNSELLING REPORT

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY: The University of Victoria collects personal information pursuant to the University Act, RSBC 1996, c.468 and section 26 of the Freedom of Information and Protection of Privacy Act. If you wish further information, contact the Office of the Registrar at 250-721-8130 or read UVic Policy 4400 *Access to Student Records* at the website of the University Secretary: web.uvic.ca/univsec

TO BE COMPLETED BY YOU, THE STUDENT

MY RAC IS BASED ON THE FOLLOWING REASON: ☐ INJURY ☐ AFFLICTION Family or personal. ☐ ILLNESS If you are unable to present yourself to a health services professional due to the acute or infectious nature of your illness, please call UVic Health Services (250-721-8492) and report the details of your condition.

YOU MAY EXPAND BRIEFLY ON YOUR CONDITION:

_____

_____

AUTHORIZATION FOR DISCLOSURE OF INFORMATION BY YOUR PHYSICIAN OR COUNSELLOR. Failure to complete this section fully may result in delays in processing your RAC.

I, _____ a student at the University of Victoria, hereby authorize and request Dr/Mr/Ms _____ to disclose information about my medical or personal condition(s) on or about the following dates _____ to Undergraduate Records, to my instructors and to other persons at the University of Victoria whose involvement is required in the adjudication of my RAC. Further, I authorize the above-named person to provide evidence in any proceedings to which I am or may become a party with respect to all medical examinations or counselling evaluations of me and administered to me which are relevant to my RAC. I waive all provisions of any law or regulation relating to the disclosure of confidential medical or personal information.

YOUR SIGNATURE:_____ DATE: _____

TO BE COMPLETED BY YOUR ATTENDING PHYSICIAN OR COUNSELLOR

The student who is filing this RAC is affirming that her or his injury, affliction, or illness during or affecting the period in question was severe enough to prevent her or him from completing the course(s) listed on the face of this form. The University requires that this claim be supported by a physician, counsellor, or other third-party professional and therefore requests that you answer the following questions. If this request causes you unease, you may discuss the matter with the UVic Director of Health Services (250-721-8492), or the Manager of UVic Counselling Services (250-721-8341). The student has completed and signed the authorization above, allowing you to disclose information to the University.

1. On what date(s) did you attend the student?_____
2. Do you have sufficient medical or personal information to be able to judge the student's claim? ☐ YES ☐ NO
3. If YES, do you conclude that this information is sufficient to support the student's claim? ☐ YES ☐ NO

If you wish, describe briefly the condition or circumstances but please ensure that questions 2 and 3 are answered. You may provide your description on separate letterhead.

_____

_____

_____

Signature of attending physician or counsellor: _____ Date: _____

STAMP OF ATTENDING PHYSICIAN OR COUNSELLOR

PLEASE HAND-DELIVER, MAIL, OR FAX THIS FORM, ALONG WITH ANY SEPARATE DOCUMENTATION, TO:

UNDERGRADUATE RECORDS, UNIVERSITY OF VICTORIA

University Centre Main Floor
PO Box 3025 STN CSC Victoria BC CANADA V8W 3P2
FAX: 250-721-6225

OREG STAMP

FACULTY STAMP

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