

Queen's University
Faculty of Arts and Science
Off-campus Physician's Note

Student Number: _____

A. TO BE COMPLETED BY STUDENT:

I, _____, hereby authorize this physician to provide the following information to the Faculty of Arts and Science, Queen's University and, if required, to supply additional information, relating to my appeal for special academic accommodation:

Signed: _____

Date: _____

B. TO BE COMPLETED BY PHYSICIAN:

I hereby certify that I provided health care services to the above named student, a student at Queen's University, on (date(s)) _____. On the basis of that