

REDUCED COURSE LOAD VERIFICATION FORM

AccessAbility Services - University of Waterloo
 1401 Needles Hall, 200 University Avenue West, Waterloo, ON N2L 3G1
 P. 519.888. 4567 ext. 35082. F. 519.746.2401
 Web: uwaterloo.ca/accessability-services | E-mail: access@uwaterloo.ca

TO BE COMPLETED BY STUDENT

SECTION 1: STUDENT INFORMATION

Student information (please print)	
Last name:	
First name:	
Date of birth (DD/MM/YYYY):	
Waterloo ID number:	
Phone number (home/cell)	
Waterloo e-mail address:	@uwaterloo.ca

SECTION 2: STUDENT CERTIFICATION

By signing this form, you certify that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.

Student's signature:	Date completed (DD/MM/YYYY):
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SECTION 3: STUDENT CONSENT

Completion of this section is voluntary; however, if you elect not to provide your consent and in the event that additional information is required, there may be delays in the processing of your application.

I give consent for the University of Waterloo AccessAbility Services to contact my registered health professional to discuss the information provided in this document if necessary, to clarify information regarding functional limitations or if there are questions about complexities related to my application.

- Yes
- No

I give consent for the University of Waterloo AccessAbility Services to provide information regarding my disability status to the Student Awards and Financial Aid Office. I understand that releasing this information is required in order for me to qualify for the tuition refund for students with disabilities.

- Yes
- No

Student's signature:	Date completed (DD/MM/YYYY):
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Student's informed authorization for disclosure of information is obtained in accordance with the following sections of the Freedom of Information and Protection of Privacy Act. Sections 41.(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the use of personal information and sections 42.(1)(b), -s.42(1)(c), and s.42(1)(d) allowing for the disclosure of personal information.



TO BE COMPLETED BY HEALTH CARE PRACTITIONER

SECTION 4: DISABILITY CERTIFICATION

Your physician and/or registered health professional qualified to diagnose must complete and sign this section to certify your disability.

Careful consideration should be given to the statement of disability with respect to severity, impact and duration; because the designation of permanent disability has legal implications and can impact the student's eligibility for funding. **Permanent disability is defined as a functional limitation due to the disorder that restrict the student's ability to perform daily activities necessary to participate in post-secondary studies, and that is expected to remain with the student for the student's expected life.**

In your professional opinion, does the student's presenting condition constitute a disability?

- Yes
- No

Please select the appropriate descriptions as they apply to the student's condition:

- Permanent and long-term disability with chronic, continuous/ongoing symptoms (longer than 1 year with frequent recurrence) or with episodic symptoms – (>6 months-1year)
- Temporary and short-term disability (<6 months) – from ____/____/____ (DD/MM/YYYY) to ____/____/____ (DD/MM/YYYY)
- Non-disabling condition in the current academic setting

Does the nature and severity of the student's disability limit participation in:

Activities of daily living? Yes No

The academic environment Yes No

Does the nature and severity of the student's disability require a **reduced course load** to mitigate symptoms of the condition?

- Yes
- No

***The full-time course load at the University of Waterloo is 5 courses per term (2.50 total credits)**

SECTION 5: REDUCED COURSE LOAD VERIFICATION

Only complete this section if your department/faculty requires specific verification regarding your **reduced course load** (i.e. Engineering, Optometry, Pharmacy, etc.).

This section should be completed by the health professional in collaboration with the student who has specific knowledge about their program requirements (i.e., courses, study time, co-op placements, internships, etc.)

If a reduced course load is required, please estimate the maximum amount of time that the student should be able to spend in these activities (lecture time + all other academic related activities): approximately _____ hours per week.



Please use the following to determine the student's maximum number of courses per term:

- Approximately 45 hours/week (5 full course units)
- Approximately 36 hours/week (4 full course units)
- Approximately 27 hours/week (3 full course units)
- Approximately 18 hours/week (2 full course units)
- Approximately 9 hours/week (1 full course units)

CERTIFICATE OF ATTENDING HEALTH CARE PRACTITIONER

I certify with my signature below that, in my professional opinion, the student named in Section 1 meets the University's criteria to qualify for a tuition discount at the University of Waterloo.

Documentation completed by a relative of the student will not be accepted due to professional and ethical considerations even when the relative is otherwise qualified to do so. The provider signing this form must be the same person answering the questions on the form above.

Practitioner Name (Please print):	Name of Practice/Clinic/Hospital:
Practitioner Signature:	Address:
Practitioner License/Registration #:	Phone #: () -
<u>Affix card here or office stamp</u>	Fax #: () -
	Date Completed: _____/_____/_____ (DD/MM/YYYY)

