PETITION FOR SPECIAL CONSIDERATION (FORM A)

The Arts & Science Program has the responsibility to ensure that degree, program and course requirements are met in a manner that is equitable to all students. While the Program adheres strictly to all deadlines and academic regulations as stated in the University Calendar, it does wish to assist students with legitimate difficulties. Students who wish to request that the application of a particular University or program regulation be waived for compelling medical or personal reasons may submit a Petition for Special Consideration to the Arts & Science Program office. Supporting documentation will be required but will not ensure approval of the petition. Students are responsible to submit Petitions for Special Consideration in a prompt and timely manner, and will be notified in writing (by email) of the decision.

Petitions for Special Consideration decisions are final. In accordance with the Student Appeal Procedures, decisions made on Petitions for Special Consideration cannot be appealed to the Senate Board for Student Appeals. If a student feels his/her human rights have been violated, they may contact Human Rights and Equity Services in room 212 of the McMaster University Student Centre, to initiate a complaint.

Name: ___________________________________________ Student No.: ______________________

McMaster Email: ___________________________ Phone No.: ______________________

Program: ___________________________ Level: ______________________

What special consideration are you seeking? (Please be as specific as possible. Use back of form if additional space is needed.)

____________________________________________________________________________________

____________________________________________________________________________________

Term for Action Requested (Example, Fall 2017): ___________________________________________________________________

Please list all documentation attached (e.g. medical note) to this form:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Student Signature: __________________________________ Date: ______________________

FOR OFFICE USE ONLY

Final Decision:  □ Approved  □ Denied

Comments: __________________________________

_________________________________________  ______________________

Director  Date