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Arts & Science Program

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**PETITION FOR SPECIAL CONSIDERATION (FORM B)**

**Request for Deferred Examination**

**This form should be submitted within 5 working days of the missed examination.**

|  |  |
| --- | --- |
| **Name:**  | **Student No:**  |
| **Email:**  | **Level:**  |

**Reason examination(s) not written:**

**NOTE:** If the reason for this request is medical, the approved McMaster University Medical Form must be submitted. The student must be seen by a doctor at the earliest possible date, normally on or before the date of the missed exam and the doctor must verify the duration of the illness. Relief will not be available for minor illnesses. If the reason is non-medical, appropriate documentation with verifiable origin covering the relevant dates must be submitted, normally within five working days. Requests related to temporary or permanent disabilities, or for retroactive accommodations related to a disability, are excluded from petitions and must be processed under the [*Academic Accommodation of Students with Disabilities*](https://secretariat.mcmaster.ca/app/uploads/Academic-Accommodations-Policy.pdf) policy.

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| --- | --- | --- | --- |
| **COURSE CODE**(e.g., ARTSSCI 1A03) | **TERM** | **INSTRUCTOR NAME AND EMAIL** | **DATE & TIME OF EXAM** |
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**Note: You must check each box and sign below**

[ ]  I confirm that I **did not** attend or participate in any capacity in the above Examination(s).

[ ]  I confirm that I have completed all other required assignments/assessments for the above course(s) and could pass the course, given the grades I have received in the course to date, if granted a deferred examination. I understand that approval for a deferred examination will be rescinded if this is found to be untrue. *Please complete the form on the second page***.**

[ ]  I understand that, if granted, the above deferred exam(s) **must** be written as follows, and if not written **cannot be deferred a second time.**

a) December exams will be written during the Winter ***Mid-term Recess***(in February)

b) April exams will be written in late June

c) Spring/Summer exams will be written during the Fall ***Mid-Term Recess*** (in October)

[ ]  I understand that it is my responsibility to check **MOSAIC** to confirm that my Request for Deferred Examination has been approved.

[ ]  I understand that if I have been granted more than one deferred examination, I may be required to reduce my course load during the term in which the deferred examinations are being written.

**Student Signature:**  **Date:**

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| --- |
| **FOR OFFICE USE ONLY** [ ] Approved [ ]  Denied **Date Received:** **Comments:**  **Authorizing Signature**: **Date:**  |

**Course Code:**

**Total Weight of Term Work (Percentage of Final Grade): %**

**Weight of Final Exam (Percentage of Final Grade): %**

**Breakdown of Term Work (please repeat table for each course included in request)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assignments****(List all in course)** | **Assignment Weight (% of Final Grade)** | **Grade Received****(letter and percentage grade, e.g., B / 76%)** | **Total Contribution to Final Grade (percentage grade x assignment weight)** |
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**Course Code:**

**Total Weight of Term Work (Percentage of Final Grade): %**

**Weight of Final Exam (Percentage of Final Grade): %**

**Breakdown of Term Work (please repeat table for each course included in request)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assignments****(List all in course)** | **Assignment Weight (% of Final Grade)** | **Grade Received****(letter and percentage grade, e.g., B / 76%)** | **Total Contribution to Final Grade (percentage grade x assignment weight)** |
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