PETITION FOR SPECIAL CONSIDERATION (FORM A)

The Faculty of Science has the responsibility to ensure that degree, program and course requirements are met in a manner that is equitable to all students. While the Faculty 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 seek special consideration or who wish to request that the application of a particular University or Faculty regulation be waived because of compelling medical, personal or family reasons, may submit a Petition for Special Consideration to the Office of the Associate Dean. Supporting documentation will be required but will not ensure approval of the petition. The authority to grant petitions lies with the Faculty Associate Dean's office and is discretionary. Students are responsible to submit Petitions for Special Consideration in a prompt and timely manner. Following receipt of the appropriate form, the Assistant Dean shall submit the petition to the appropriate individual or committee and shall secure a final decision from the individual or committee. The student will be notified by email of the decision on his/her petition.

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 the Equity and Inclusion Office.

Name: ___________________________________________ Student No.: __________________________

Email: ___________________________________________ Telephone 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, 2016): __________________________

Have you discussed your situation with anyone in the Faculty? □ Yes □ No
If yes, please identify: __________________________________________________________

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

The approval of this petition may result in significant OSAP implications. Please visit Student Financial Aid & Scholarships, GH-120 as supporting documentation may be required. More information is available at sfas.mcmaster.ca.

Student Signature: ___________________________________________ Date: ____________

The information gathered on this form is collected under the authority of the McMaster University Act, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and being collected under section 39 (2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario. Questions regarding the collection or use of this personal information should be directed to the University Registrar, McMaster University.

FOR OFFICE USE ONLY

Final Decision: □ Approved □ Denied
Comments: __________________________________________________________
________________________________________________________________________________________________

Assistant Dean (Academic) ___________________________ Date: ____________