PETITION FOR SPECIAL CONSIDERATION (FORM A)
TO BE SUBMITTED TO STUDENT’S PROGRAM OFFICE

The Faculty of Health 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 in writing (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 Equity and Inclusion Office (EIO) in room 212 of the McMaster University Student Centre, to initiate a complaint.

Name: ___________________________________ Student No.: _______________________

Email: ___________________________________ Telephone No.: _______________________

Program: __________________________________ Level: _______________________

Address: ____________________________________________________________________

What special consideration or accommodation are you seeking? (Use back of form if additional space is needed.)
______________________________________________________________________________
______________________________________________________________________________

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: _______________________

Student Signature: ______________________ Date: ______________________

FOR OFFICE USE ONLY

Final Decision: □ Approved □ Denied

Comments: ____________________________________________________________________

______________________________________________________________________________

Assistant Dean of Program ______________________ 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, University Hall 209, McMaster University.