



Petition for Consideration in Course Work

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. Please see the reverse side of this form for more information.

TO BE COMPLETED BY STUDENT:

Please print clearly.

Student Number: _____ Email: _____
 Mr./Ms. Surname: _____ Given Names: _____
 Full Address: _____ Home Phone: (____) _____
 _____ Other Phone: (____) _____
 Program: _____ Year: First Second Third Fourth

NOTE: All petitions must be accompanied by supporting documentation

Course Work Petitioned For: Course Code: _____ Instructor: _____

Specific Course Work	Date of Course Work

Reason for Petition (supporting documentation must be attached where relevant):

- Illness (Official UofT Medical Certificate Required)
- Personal/Domestic
- Other: _____

Please Briefly Describe

What special consideration are you requesting?

Student Signature: _____ Date: _____

To Be Completed By Instructor

- Consideration given with the following arrangement: _____

- Consideration Refused – Reason: _____

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act.

If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office
Room 201, McMurrich Bldg.
12 Queen's Park Crescent
Toronto, ON
M5S 1A1
Tel: 416 946-5835