Petition for Consideration in Course Work

Faculty of Applied Science and Engineering University of Toronto

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: Mr./Ms. Surname: Full Address: Program:	Email:		
	Given Names: Home Phone: () Other Phone: ()		
		NOTE: All petitions must be a	accompanied by supporting documentation
		Course Work Petitoned 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 Requi ☐ Personal/Domestic ☐ Other: ☐ Describe	·		
Tiease biletly Describe			
What special consideration are you requesting?			
Student Signature:	Date		
Student Signature.	Date:		
To Be Co	mpleted By Instructor		
☐ Consideration given with the following arrangement:			
☐ Consideration Refused – Reason:			

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