McMASTER UNIVERSITY - FACULTY OF HUMANITIES
PETITION FOR SPECIAL CONSIDERATION

In the interest of equity, the Faculty of Humanities adheres strictly to all deadlines and to all academic regulations as stated in the University Calendar. Exemptions from a deadline or regulation may be granted if the student is able to demonstrate good cause which is supported by documented evidence. This form is the one referred to in Section 5 of the following STUDENT APPEAL PROCEDURES. Petitions for Special Consideration should be submitted to the Assistant Dean in CNH/107. Petitions will be forwarded to the appropriate individual or committee to secure a final decision.

Excerpt from the STUDENT APPEAL PROCEDURES

5. Students who seek special consideration (e.g., permission to take course at another university, deferred examination privileges or leave of absence), 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, should submit a Petition for Special Consideration. Petitions for Special Consideration ('Petition') are not part of this Policy. Students wishing to bring a Petition should consult the appropriate section of the relevant Graduate or Undergraduate calendars. Decisions based on a Petition for Special Consideration cannot be appealed under this policy.

Name ____________________________ Student No. ____________________________

Programme: ____________________________ Level: ____________________________

Address during term

No. __________________ Street __________________ City __________________

Telephone No. (during term) __________________ Postal Code __________________

Permanent Address
(if different from above)

No. __________________ Street __________________ City __________________

Telephone No. __________________ Postal Code __________________

What action do you seek? (i.e. What do you want to be done specifically by the Faculty or by one of its officers/committees?)

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Have you discussed your situation with anyone in the Faculty? Yes ☐ No ☐

If yes, please identify ___________________________________________________

Date: ____________________________ Student Signature: ________________________

Received in Office
Use this space to provide information you believe necessary to support your petition. (You may attach additional sheets, if necessary.) If you are citing medical reasons for your request, medical documentation MUST be attached at the time that you submit this form for consideration.

Please List any documentation attached (e.g. medical note) and number (if any) of sheets attached to this form.

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.

FOR OFFICE USE ONLY

Final Decision

__________________________________________________________

Assistant Dean (Studies)                                                Date