PETITION FOR SPECIAL CONSIDERATION
REQUEST FOR DEFERRED TERM-WORK

Date:___________________________
Name:_____________________________________  Student #: __________________________
Program & Level:________________________________________________________________
Telephone #: (______)________________________ Email :________________@mcmaster.ca

1. I request deferred term-work privileges in the following course:

   Course (e.g. English 1A03): ___________________ Instructor: ____________________
   Instructor Email: ________________@mcmaster.ca

2. I have not completed the following work in this course:

<table>
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<th>Work (e.g. essay 1, assignment 2)</th>
<th>Weight (%)</th>
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3. Reason for Request - Medical or other certification must be attached to this request.

________________________________________________________________________
________________________________________________________________________

I understand the following information:

- It is the responsibility of the student to confer with the instructor with regard to submission of the outstanding work.
- University guidelines stipulate the maximum extension that may be granted is 30 days for a 3-unit course and 50 days for a 6-unit course past the end of the term.
- If there are any discrepancies with the missed work reported, the request for incomplete term work may be denied.

___________________________________________________ _______________________
Student’s signature (see note above)

____________________________ ___________
Approved by Reviewing Committee

______________________________ ___________
Not approved by Reviewing Committee

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