

**PETITIONS FOR SPECIAL CONSIDERATION TO THE
COMMITTEE ON GRADUATE ADMISSIONS AND STUDY**

Notes:

- 1) Once the student has completed part A of this form, it should be submitted to the **department office**. Departments are responsible for completion of Parts B and C and submission of the form to the School of Graduate Studies.
- 2) Please ensure Parts A, B, and C of this form are fully completed, giving sufficient information to provide a sound basis for making decisions.
- 3) All petitions should be completed in accordance with the regulations outlined in the Calendar of the School of Graduate Studies.
- 4) Please allow one month from the date that the form is submitted to the School of Graduate Studies for a response to your petition.

FIRST NAME		FAMILY NAME		STUDENT NUMBER	
FULL-TIME	<input type="checkbox"/>	PROGRAMME		DEGREE	
PART-TIME	<input type="checkbox"/>				
NATURE OF PETITION					
LEAVE OF ABSENCE¹			OTHER (SPECIFY)²		

¹Use this form for leaves of absence **that do NOT include** pregnancy or parental leave. If you are requesting Pregnancy or Parental Leave, please use the form: **"Leave of Absence Information form: Where Leave of Absence Includes Pregnancy or Parental Leave"**

²e.g. Petition for deferred examination; waiver of adverse ruling or decision about academic performance for compelling medical, personal or family reasons; extension of "incomplete"; petition re "failed" course; extension of deadline for completion of degree.

PART A: STATEMENT BY STUDENT

THIS CHANGE IS TO BE EFFECTIVE AS OF THE FOLLOWING DATE: (DATE FORMAT YYYY-MM-DD)			
DATE SIGNED		SIGNATURE	

PLEASE PROVIDE YOUR E-MAIL ADDRESS

PLEASE SUBMIT THE FORM TO YOUR DEPARTMENT AFTER COMPLETING PART A:

B. STATEMENT BY SUPERVISOR: (or if there is no supervisor, by the faculty member most familiar with the student's work)

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DATE		PRINTED NAME		SIGNATURE	
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C. STATEMENT BY CHAIR / GRADUATE ADVISOR / PROGRAMME AREA CO-ORDINATOR

NOTE: IF THIS REQUEST IS FOR A LEAVE OF ABSENCE, THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE DEPARTMENT:

NUMBER OF HOURS COMPLETED BY THE STUDENT	TERM 1	_____	TERM 2	_____	TERM 3	_____
STOP ALL STUDENT'S PAY EFFECTIVE	MONTH	_____	DAY	_____	YEAR	_____

DATE		PRINTED NAME		SIGNATURE	
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D. DECISION OF THE COMMITTEE (SCHOOL OF GRADUATE STUDIES)

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DATE		PRINTED NAME		SIGNATURE	
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