

DEPARTMENT OF VISUAL STUDIES REQUEST FOR SPECIAL CONSIDERATION

If you missed a test or are unable to submit term work by the last day of classes because of circumstances beyond your control (e.g. illness, accident):

- a) fill in this form
- b) attach **ORIGINAL** appropriate documentation (e.g., medical certificate* police report)
- c) forward to Steph Sullivan, Undergraduate Counsellor in CCT Building room 3051.

* A medical certificate **MUST** include the statement "This student was unable to write the test (or submit term work by the day of classes, if applicable) on (date) for medical reasons". You **MUST** see your physician within **ONE DAY** of the missed test or your request may be denied.

Date request submitted: _____ Session (Fall/Winter) _____

Student Name: _____ Student Number: _____

Telephone Number: _____ UToronto email: _____

1. Course Title/Code/Section:	
Instructor Name:	
Date of missed test or due date:	
Work missed (i.e. test, assignment)	

2. Course Title/Code/Section:	
Instructor Name:	
Date of missed test or due date:	
Work missed (i.e. test, assignment)	

Attached documentation: _____

Reason for Request: _____

*False statements and/or documentation will be treated as academic offences and handled accordingly.
By signing here, you acknowledge that the above is true and accurate:*

Student Signature

FOR OFFICE USE ONLY

Date Instructor Contacted _____

Outcome and Comments _____

1) Approved Not approved Incomplete

2) Approved Not approved Incomplete

Notes: _____

History: _____