



Honours Biology and Pharmacology Co-op Program
Faculty of Health Sciences

HSC 2E21A
1280 Main Street West
Hamilton, Ontario, Canada
L8N 3Z5

PETITION FOR SPECIAL CONSIDERATION (FORM A)

The Faculty of Health Sciences has the responsibility to ensure that degree, program and course requirements are met in a manner that is equitable to all students. While the Faculty adheres strictly to all deadlines and academic regulations as stated in the University Calendar, it does wish to assist students with legitimate difficulties. Students who seek special consideration 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, may submit a Petition for Special Consideration to the Office of the Assistant Dean. Supporting documentation will be required but will not ensure approval of the petition. The authority to grant petitions lies with the Faculty Assistant Dean's office and is discretionary. Students are responsible to submit Petitions for Special Consideration in a prompt and timely manner. Following receipt of the appropriate form, the Assistant Dean shall submit the petition to the appropriate individual or committee and shall secure a final decision from the individual or committee. The student will be notified in writing (by email) of the decision on his/her petition.

Petitions for Special Consideration decisions are final. In accordance with the Student Appeal Procedures, decisions made on Petitions for Special Consideration cannot be appealed to the Senate Board for Student Appeals. If a student feels his/her human rights have been violated, they may contact Human Rights and Equity Services in room 212 of the McMaster University Student Centre, to initiate a complaint.

Name: _____ Student No.: _____

Email: _____ Telephone No.: _____

Program: _____ Level: _____

Address: _____

What special consideration or accommodation are you seeking? (Use back of form if additional space is needed.)

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

If yes, please identify: _____

Please list all documentation attached (e.g. medical note) to this form: _____

Student Signature: _____ Date: _____

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.

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Final Decision: ☐ Approved ☐ Denied

Comments: _____

Director, Biology & Pharmacology co-op Program

Date _____