

Submit this completed form with supporting documentation and personal letter to your Program Counselling Office. Refer to the [complete list of Program Counsellors](#) for office locations and contact information.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Degree Program & Major (e.g., BA History, etc.): \_\_\_\_\_

Phone Number: \_\_\_\_\_ UofG Email Address: \_\_\_\_\_

Indicate below the type(s) of action requested (at the semester or course level) and, if applicable, the affected course(s). The options are explained in the Academic Calendars ([Undergraduate Calendar](#) and [Diploma Program Calendar](#)).

Semester (e.g., F17)	Course(s), If Applicable (e.g., BIOL*1090)	Type of Request
		<input type="checkbox"/> Semester Withdrawal <input type="checkbox"/> Continue on Probation <input type="checkbox"/> Other:
		<input type="checkbox"/> Deferred Condition (Outstanding Term Work) – Date Missed: <input type="checkbox"/> Deferred Final Exam – Date Missed: <input type="checkbox"/> Supplemental Assessment <input type="checkbox"/> Late Drop <input type="checkbox"/> Withdrawal with Failure
		<input type="checkbox"/> Deferred Condition (Outstanding Term Work) – Date Missed: <input type="checkbox"/> Deferred Final Exam – Date Missed: <input type="checkbox"/> Supplemental Assessment <input type="checkbox"/> Late Drop <input type="checkbox"/> Withdrawal with Failure
		<input type="checkbox"/> Deferred Condition (Outstanding Term Work) – Date Missed: <input type="checkbox"/> Deferred Final Exam – Date Missed: <input type="checkbox"/> Supplemental Assessment <input type="checkbox"/> Late Drop <input type="checkbox"/> Withdrawal with Failure
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		<input type="checkbox"/> Deferred Condition (Outstanding Term Work) – Date Missed: <input type="checkbox"/> Deferred Final Exam – Date Missed: <input type="checkbox"/> Supplemental Assessment <input type="checkbox"/> Late Drop <input type="checkbox"/> Withdrawal with Failure

For the purpose of scheduling deferred tests/exams, please indicate if you write your tests/exams with Student Accessibility Services:    ☐ Yes    ☐ No

☐ Personal letter attached. Describe your extenuating circumstances, with reference to specific dates that were relevant to your academic progress, and provide an explanation of how those circumstances impacted your academics.

☐ Original supporting documentation attached (e.g., medical, psychological, compassionate). Where applicable, please ensure that the documentation covers the date(s) of the scheduled final exam(s) or the assignment due date(s).

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Date Received: \_\_\_\_\_

Request:    ☐ Granted    ☐ Denied    ☐ On Hold

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Registrarial Services Letter Code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requests for academic consideration must be based on documented medical/psychological or compassionate circumstances. Requests are submitted to the appropriate [Program Counselling Office](#) and are then reviewed by the Academic Review Committee. Please note that it is possible for a request to be denied even if supporting documentation is submitted, so plan and prepare for any outcome. **Examples of circumstances that are not acceptable grounds for academic consideration include employment obligations, financial difficulties and meeting admission requirements for a future program.**

When you are submitting a request for academic consideration to your [Program Counselling Office](#), you must include the following:

1. **Request for Academic Consideration form.** Make sure that you have filled in your name, degree program, ID number, university email, phone number and date. Check off the appropriate "Type of Request." If you feel that one or more actions might be appropriate, indicate it on the form. Be sure to list the course(s) involved and the semester they were taken.
2. **Personal letter explaining the situation.** Please limit your letter to no more than **two pages**. In your letter, outline the reason(s) why one or more courses were affected and clearly outline the specific date(s) of the problem that prevented you from meeting your academic responsibilities. You do not need to disclose your diagnosis. Students do not present their case to the Academic Review Committee in person, so your letter must be thorough but succinct. The Committee can deny your request if you do not provide sufficient or detailed information. As you are writing your letter, please consider the following questions:
  - a. What form of consideration are you requesting (e.g., deferred extension, late drop)? Please state this clearly at the beginning of your letter.
  - b. What was the timing and impact of your extenuating circumstances? Include specific dates of your medical/psychological/compassionate grounds and explain how it impacted your ability to complete academic responsibilities and/or your academic success during that time period.
  - c. Address whether you reduced your course load by dropping courses during the semester as a result of your extenuating circumstances. If you did not, why not?
  - d. The normal remedy for a missed final exam/assignment is a deferred assessment. If you are asking for late drops, or withdrawal with failure, please address why you are not applying for a deferred assessment.
  - e. If you are requesting a selective late drop (only one or two failed courses in a semester where other courses were passed), explain why your circumstances impacted only the selected course(s).
  - f. If the request is submitted past the deadline, explain why it is late and why the committee should consider it. (Deadlines are posted in Chapter 8 of the Academic Calendar: [Undergraduate](#) or [Diploma](#).)
  - g. If applicable, explain what supports you have put into place to prevent this situation from happening in the future.
3. **Supporting documentation.**
  - a. **Medical/psychological grounds:** Requests based on medical/psychological grounds require a document from a regulated health professional indicating the date of onset, severity and duration of your illness, as well as its impact on your ability to participate in courses. The document does not need to include a diagnosis. If you are registered with [Student Accessibility Services](#) (SAS), you may want to supplement your medical/psychological documentation with documentation from your SAS Advisor.
  - b. **Compassionate grounds:** Requests based on compassionate grounds also require documentation, where possible. This may take the form of a police report, a funeral notice, or a letter from a third party (such as a Residence Assistant, religious leader, landlord, or a friend or family member), depending on the circumstances. You should discuss the request with your Program Counsellor.

For further information, please read the Academic Consideration, Appeals and Petitions section of Chapter 8 of the Academic Calendar ([Undergraduate Calendar](#) or [Diploma Program Calendar](#)).