

Request for Academic Consideration

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 Privilege <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 Privilege <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 Privilege <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 Privilege <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:

