

Special Consideration Request Form

Department of Mathematical and Computational Sciences

To complete this request for special consideration, you are required to affirm that you are abiding by the [Code of Behaviour on Academic Matters](#). In particular, it is an offence “*to engage in any form of cheating, academic dishonesty or misconduct, fraud or misrepresentation not herein otherwise described, in order to obtain academic credit or other academic advantage of any kind*”.

First name: ____

Last name: ____

Student ID: ____

UTORid: ____

Course: ____

Coursework (e.g., Assignment 2): ____

State your special consideration (e.g., 2-day extension) and the reason for the request:

*This request is **not guaranteed** until approved by course instructors.*

*Extensions for preps are **not possible** under any circumstance.*

*As per the course syllabus, special consideration for other items may be possible, due to **medical or accessibility accommodations**. Other consideration may be possible only in rare and extreme circumstances.*

By submitting this form, you are making the following affirmation:

I affirm that I am experiencing a personal emergency, and understand that to falsely claim so is an offence under the Code of Behaviour on Academic Matters.

Signature

(Type your full legal name.)