Petition for Special Consideration (Form D)

The Faculty of Social 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 Associate Dean. Supporting documentation will be required but will not ensure approval of the petition. The authority to grant petitions lies with the Faculty Associate Dean’s office and is discretionary. 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 Number: _______________________
Email: _______________________________
Program: ______________________________ Level: _______________________
Address: _______________________________________________________________________

What special consideration or accommodation are you seeking? You must complete and submit the Petition Checklist with your Petition if you are requesting retroactive withdrawal or course cancellation. A completed Course Override form must be submitted with your petition to add a course to your registration.

Add course(s) after the deadline ______ Increase course load ______ __________________________ Session and Term for Action Requested
Retroactive withdrawal of a course(s) ______ Cancellation of Course(s) ______
Other (specify) ___________________________________________________________________

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, override form, cancellation checklist) to this form:
1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

I verify that the information contained in this petition package is complete and valid, and that I have considered all relevant aspects of cancelling courses after the deadline. I also acknowledge that ‘submitting false or misrepresentative medical certificates or other documentation in support of requests for concessions on academic work or deadlines’ is considered to be Academic Dishonesty under the University’s policy on Academic Integrity, and that offences will be dealt with by following procedures set out in the University’s Academic Integrity Policy.
I further acknowledge that I may be subject to additional tuition fees and late registration fees.

Student Signature: ___________________________ Date: _____________________________
Use space to provide information you believe necessary to support your petition. (You may attach additional sheets, if necessary.)

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Final Decision: □ Approved □ Denied

Comments: ________________________________________________________________

Assistant Dean (Studies) ___________________________________ Date ______________

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Faculty of Social Sciences
Kenneth Taylor Hall Room 129
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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.
Checklist for a course Cancellation or Retroactive Withdrawal Petition

All pages must include your full name and student number. Your request will only be considered with submission of all required documentation

Name ____________________________________________ Student Number ______________________

Subject & Course Code __________________________ Session & Term _______________________

Instructor’s Statement(s)

☐ I have provided a completed Instructor’s Statement for each course that I wish to drop, and I have supplied required personal information and full course identity in the upper portion.

☐ On each Instructor’s Statement I have obtained the required information from the instructor in the lower portion of the form, including my grades to date, attendance record (if known), the instructor’s dated signature and comments

Note: The instructor’s information is advisory only. The final decision will be made by the Faculty Reviewing Committee. If you are requesting the late drop, do not discontinue your effort in the course on the assumption that your request will be approved.

Written Statement

☐ I have included a detailed but concise statement explaining the exact nature of my request (ie. Late withdrawal from Economics 2H03 from Fall/Winter 2012-13) and the reasons I believe my request is justified. This statement is signed and dated, and it includes:

  • My name, student number
  • A chronological explanation of the circumstances that motivated this request. I have indicated how the circumstances affected my attendance and ability in the course(s) that I wish to drop/cancel and, if I am seeking selective withdrawal, I have explained why the circumstances did not affect my entire program.
  • An explanation of why I was not able to drop/cancel the course(s) by the published deadline. If the request is retroactive, I have also explained why I have not made this request until now.

Documentation

☐ I have included all supporting documentation (verification of medical condition, change of employment, travel, legal issues etc.)

Understanding

☐ I understand that requests for late and retroactive course withdrawal are approved only in the presence of convincing evidence that a serious and unavoidable hardship arose unexpectedly after the last day for cancelling a course without failure by default.
I understand that if I am granted approval for course cancellation, the course(s) will actually remain on my record, but will appear as cancelled, which does not influence my cumulative average.

I also understand that if my request is denied, the course(s) will remain on my record with grade(s) as reported by my instructor.

Requests are approved only in the presence of convincing evidence that a serious and unavoidable hardship arose unexpectedly after the deadline and, in the case of retroactive withdrawal, the hardship not only affected your performance in the course but it also prevented you from seeking relief during the session. **If the course is in progress, do not discontinue class attendance on the assumption that your request will be approved.**

To the student: You must submit a completed Instructor’s Statement from each instructor whose course you wish to drop/cancel and a written statement describing your justification. You must also provide documentation of the hardship that you describe as your justification. Finally, you must include a completed checklist and the completed petition and instructor’s statement. Petitions should be submitted in a prompt and timely manner for the relevant session, but no later than July 31 immediately following the Fall/Winter session or November 15 immediately following the Spring/Summer session. You may submit your petition to the Office of the Associate Dean in KTH 129.

I verify that the information contained in this petition package is complete and valid, and that I have considered all relevant aspects of cancelling courses after the deadline. I also acknowledge that ‘submitting false or misrepresentative medical certificates or other documentation in support of requests for concessions on academic work or deadlines’ is considered to be Academic Dishonesty under the University’s policy on Academic Integrity, and that offences will be dealt with by following procedures set out in the University’s Academic Integrity Policy.

I further acknowledge that I may be subject to additional tuition fees and late registration fees.
Instructor’s Statement for Class Participation

Student Name: ____________________________  Student Number: __________  Session/Term: __________

Request for Withdrawal / Cancellation From:

Department: ____________________________  Course Name (Econ): ____________________________  Course Code: __________  Instructor’s Name: ____________________________

To Be Completed by the Instructor

1. Did the student take the midterm exam(s)?  Yes  No

2. Midterm / Test Information
   
   1st date ________  Grade ________
   
   2nd date ________  Grade ________

3. What work has the student completed?

4. What work is still outstanding?
5. Did the student take the final exam?  
   Yes  No  
   
   Grade, if taken  __________

6. Student’s current grade in course?  __________

7. Student’s Attendance (if known)  Regular  Infrequent  Never  Unknown

8. Do you support this student’s request?  Yes  No

9. Comments

______________________________
Instructor’s Signature

______________________________
Date

PLEASE NOTE: The instructor’s Statement is for advisory purposes only, Authority for final approval or denial rests with the Faculty of Social Sciences, Office of the Associate Dean.