

PETITION FOR SPECIAL CONSIDERATION (FORM A)

GENERAL INFORMATION

- The School of Nursing has the responsibility to ensure that degree, program and course requirements are met in a manner that is equitable to all students. While the School 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/School 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 School of Nursing 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 in the School of Nursing 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.
- It is **strongly encouraged** for students wishing to submit a Petition for Special Consideration first speak to or meet with and Academic Advisor (contact below).
- It is imperative that students make every effort to meet the originally-scheduled course requirements and it is a student's responsibility to complete all course work (including final examinations and clinical hours) as scheduled.
- Supporting documentation is required but will not ensure approval of the petition. Please note that supporting documentation which is intended to speak to character will not be taken into consideration of a decision.
- Petition 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 their human rights have been violated, the student may contact the [McMaster Equity and Inclusion Office](#) in Room 212 of the McMaster University Student Centre, to initiate a complaint.

GUIDELINES FOR COMPLETING THIS FORM

- Petitions should be submitted in a prompt and timely manner for the relevant term, but no later than:
 - **July 31** immediately following the **Fall/Winter terms**
 - **November 15** immediately following the **Spring/Summer term**
- This form must be fully completed by the student and **must be accompanied by supporting documentation** (see above). Please submit the form and documentation to the appropriate site:
 - Mohawk & McMaster site students – Academic Advising Services via email (bcsnadvising@mcmaster.ca), fax (905-570-0667), or in person (HSC 2J34)
 - Conestoga site students – BScN Academic Advisor at Conestoga via email (bcsnadvising@conestogac.on.ca) or fax (519-748-3562)

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This form must be fully completed by the student and submitted to the School of Nursing. Please read and follow the guidelines on page 1 of this form.

STUDENT INFORMATION

Student Name: _____ McMaster Student #: _____

Email Address: _____ Telephone Number: _____

PROGRAM INFORMATION

Site: McMaster Mohawk Conestoga Level: 1 2 3 4

Program Stream: Basic (A) Post RPN (E) Accelerated (F)

Term in which requesting special consideration: 20____ Fall Winter Spring/Summer

Course(s) for which you are requesting special consideration (if applicable): _____

SPECIAL CONSIDERATION REQUEST (What are you seeking?)

- Late Enrollment Change Retroactive Course Withdraw Other (Please specify below)
 Increased Course Load Leave of Absence

IF OTHER SELECTED:

Please outline the specifics of your request to the School of Nursing. Attach additional pages if needed.

Have you discussed this request with anyone in the School? N Y If yes, identify: _____

I have attached supporting documentation. Please list all documentation attached:

I have read and understand the McMaster Petition for Special Consideration (Form A) policies and guidelines.

I verify that the information contained in this petition package is complete and valid. I 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 tuition fees and late registration fees.

Student signature: _____ Date: _____

FOR OFFICE USE ONLY

APPROVED DENIED Date: _____ DECISION: _____

Assistant Dean: _____ Print: _____ Date: _____

Academic Advisor: _____ Print: _____ Date: _____

EMAIL SENT TO STUDENT by: _____ Date: _____

LEAD(S) and/or INSTRUCTOR/CA (A2L) NOTIFIED by: _____ Date: _____

DATABASE, MOSAIC, STUDENT LIFE RECORD UPDATED by: _____ Date: _____

FINANCIAL SERVICES (at site) NOTIFIED by: _____ Date: _____

REINTEGRATION PLAN FOR FALL 20____ Winter 20____ Spring/Summer 20____