

PETITION FOR SPECIAL CONSIDERATION (FORM A)

STUDENT INFORMATION

Student Name:	_____	McMaster Student #:	_____				
McMaster Email Address:	_____@mcmaster.ca	Telephone Number:	_____				
Site:	Level:	1	2	3	4	Program Stream:	_____

SPECIAL CONSIDERATION REQUEST

Petition Request Reason (include course code): _____

Outline the reasons for the above request (provide additional documentation if applicable).

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

I have attached supporting documentation. Please list documents attached: _____

If requesting a Leave of Absence, I have read and understand the BScN Program policies pertaining to [Leaves of Absences and Reintegration to Professional Practice](#).

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 misrepresented 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 offenses will be dealt with by following procedures set out in [McMaster University's Academic Integrity Policy](#). I further acknowledge that I may be subject to tuition fees and late registration fees.

Student signature: _____ Date: _____

McMaster University Statement on Collection of Personal Information:
https://secretariat.mcmaster.ca/app/uploads/2019/06/FIPPA_Statement.pdf

GUIDELINES FOR COMPLETING THIS FORM

This form must be fully completed and submitted via email to bscnadvising@mcmaster.ca (all sites & streams)

The BScN Program will review the request and notify the student via email once a decision has been reached.