

# INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM

## iBioMed Advisement

### Petition for Special Consideration Form

(This is the form referred to in Section 40 of the Appeal Procedures)

This form is for the use of undergraduate students registered in the Integrated Biomedical Engineering & Health Sciences program only, and should be submitted to the program office in MDCL 3511. If you have any questions about its completion and purpose, please ask the Academic Advisor.

|                      |       |                 |             |
|----------------------|-------|-----------------|-------------|
| STUDENT NAME:        | _____ | STUDENT NUMBER: | _____       |
| PROGRAM:             | _____ | LEVEL:          | _____       |
| ADDRESS DURING TERM: | _____ |                 |             |
|                      | No.   | Street          | City        |
|                      |       |                 | Postal Code |
| McMASTER EMAIL:      | _____ | PHONE NUMBER:   | _____       |

What action do you seek? (i.e. What do you want to be done specifically by the Program or one of its officers/committees?)

Have you discussed your situation with anyone in the Program or Faculty of Engineering or Faculty of Health Sciences? ☐ Yes ☐ No

If yes, please identify who: \_\_\_\_\_

Use the back of this form, plus attach sheets as necessary, to fully document the arguments for this petition.

Received (Office Stamp)

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### *Petition for Special Consideration Form*

Use this space to provide information you believe necessary to support your petition. (You may attach additional sheets if necessary.)

Please note number of sheets (if any) attached to this form: \_\_\_\_\_

#### FOR OFFICE USE ONLY:

Final Resolution:

Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_