

INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM
iBioMed Advisement
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: _____

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; convocations; 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, 905-525-9140.