

PETITION FOR SPECIAL CONSIDERATION

(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 Faculty of Engineering only, and should be submitted to the Office of the Associate Dean JHE-H301 (Hatch Centre). If you have any questions about its completion and purpose, please ask the Engineering Undergraduate Student Advisor.

Name: _____ Student Number: _____

Program: _____ Level: _____

Address during term: _____
No. Street City Postal Code

McMaster e-mail address: _____ Telephone: _____

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

Have you discussed your situation with anyone in the Faculty? _____

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: _____

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

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, 905-525-9140.

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

FOR OFFICE USE ONLY:

Final Resolution:

Associate Dean _____ Date _____