

**REQUEST FOR ACADEMIC CONSIDERATION**

**Must be submitted via appointment with your Academic Advisor.**  
**Review the Academic Calendar before your appointment!**

*\*Indicates fields that MUST BE COMPLETED in order for the form to be processed*

A. PERSONAL INFORMATION		
*Student #	Check relevant semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year (i.e. 2014)
*Last Name	*First Name	
*Program (ex Business)	* Phone Number (mobile) (   )	
*University of Guelph-Humber Email _____@guelphhumber.ca		

B. *ACTION FOR CONSIDERATION	C. AFFECTED COURSE(S) (where applicable)		
Select Appropriate Action	Course Code	Section	Course Title
<input type="checkbox"/> Deferred Final Exam(s)/ Final assignment (if no exam)			
<input type="checkbox"/> Required to Withdraw – return on Probation			
<input type="checkbox"/> Late Course Drop/Withdrawal (after 40 <sup>th</sup> class day)			
<input type="checkbox"/> Other:			

D. *GROUNDS FOR CONSIDERATION		
<input type="checkbox"/> Compassionate	<input type="checkbox"/> Medical (Attach Documentation)	<input type="checkbox"/> Psychological (Attach Documentation)
*Letter of Support Attached (written by <u>you</u> in support of your request and is <b>mandatory!</b> ): <input type="checkbox"/> YES <input type="checkbox"/> NO (void if not attached)		
Additional Documentation ( Retain originals, documents will not be returned):		
1.		
2.		

E. STUDENT ACKNOWLEDGEMENT	
*Signature	Date

F. COMMITTEE DECISION	
Request: <input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Hold	Sufficient Documentation: <input type="checkbox"/> YES <input type="checkbox"/> NO
Decision	
Campus Registrar's Signature:	Date