

## **Request for Special Consideration**

Staple your documentation to this form. If you are submitting medical documentation, you must use the **Verification of Student Illness or Injury** form available here:

<http://www.illnessverification.utoronto.ca>

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Item for consideration: \_\_\_\_\_ Date: \_\_\_\_\_

UTORid: \_\_\_\_\_ Lecture Section: \_\_\_\_\_ Instructor: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ U of T Email Address: \_\_\_\_\_

Partner 1 (if applicable) Name: \_\_\_\_\_ UTORid: \_\_\_\_\_

Partner 2 (if applicable) Name: \_\_\_\_\_ UTORid: \_\_\_\_\_

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What are you requesting, and why?

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Instructor/grader comments:

*Students should not fill in this section, only for use by grader.*