

**CSC309 - Spring 2017: REQUEST FOR SPECIAL CONSIDERATION**

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Assignment/Lab/Project Phase #: \_\_\_\_\_

Student number: \_\_\_\_\_ Lecture section: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_ Name of TA: \_\_\_\_\_

Lab room #: \_\_\_\_\_ Date of request: \_\_\_\_\_

Reasons for request (be concise and clear, use the reverse if needed; submit supporting documentation together with this form, directly to your instructor):