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

**===========================================================**

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):