



SCHOOL OF GRADUATE STUDIES

PETITIONS FOR SPECIAL CONSIDERATION TO THE COMMITTEE ON GRADUATE ADMISSIONS AND STUDY

Updated October 2018

Notes:

- 1) Once the student has completed part A of this form, it should be submitted to the **department or program office**. Departments are responsible for completion of Parts B and C and submission of the form to the School of Graduate Studies.
- 2) Please ensure Parts A, B, and C of this form are fully completed, giving sufficient information to provide a sound basis for making decisions.
- 3) All petitions should be completed in accordance with the regulations outlined in the Calendar of the School of Graduate Studies.
- 4) Please allow one month from the date that the form is submitted to the School of Graduate Studies for a response to your petition.

FIRST NAME		FAMILY NAME		STUDENT NUMBER	
FULL-TIME		PROGRAMME		DEGREE	
PART-TIME					
NATURE OF PETITION:					
LEAVE OF ABSENCE ¹		OTHER ² Specify:			

- 1) Use this form for leaves of absence that do NOT include pregnancy or parental leave. If you are requesting a Pregnancy or Parenting Leave please use the Parenting Leave form: https://gs.mcmaster.ca/sites/default/files/resources/parenting_leave_june_2018_june_2018.pdf
- 2) e.g. Petition for change in supervisor, extension on annual supervisory meeting, deferred course examination waiver of adverse ruling or decision about academic performance for compelling medical* personal or family reasons; adjustment in the timing of re-entry into program or to defend a thesis, retroactive drop/add.

*please note that any requests for long-term accommodation of more than one term are to be directed to the Student Accessibility Services. More information is available in the Academic Accommodation of Students with Disabilities Policy: <https://www.mcmaster.ca/policy/Students-AcademicStudies/AcademicAccommodation-StudentsWithDisabilities.pdf>

This form is not to be used for extension requests (other than to the annual supervisory committee meeting) or for in-program course adjustments. For those changes please refer to the Extension Request Form or the In-Program Course Adjustment Form.

PART A: STATEMENT BY STUDENT

THIS CHANGE IS TO BE EFFECTIVE AS OF THE FOLLOWING DATE:
(DATE FORMAT YYYY-MM-DD)

FOR A LEAVE OF ABSENCE, SPECIFY END DATE:

DATE SIGNED

SIGNATURE

PLEASE PROVIDE YOUR E-MAIL ADDRESS

PLEASE SUBMIT THE FORM TO YOUR DEPARTMENT AFTER COMPLETING PART A:

B. STATEMENT BY SUPERVISOR: (or if there is no supervisor, by the faculty member most familiar with the student's work)

DATE		PRINTED NAME of Faculty Member		SIGNATURE	

C. STATEMENT BY CHAIR / GRADUATE ADVISOR / PROGRAMME AREA CO-ORDINATOR

NOTE: IF THIS REQUEST IS FOR A LEAVE OF ABSENCE, THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE DEPARTMENT:

NUMBER OF HOURS COMPLETED BY THE STUDENT	TERM 1	TERM 2	TERM 3
STOP ALL STUDENT'S PAY EFFECTIVE	MONTH	DAY	YEAR

DATE		PRINTED NAME		SIGNATURE	
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D. REVIEW AND DECISION OF THE SCHOOL OF GRADUATE STUDIES

DATE		PRINTED NAME		SIGNATURE	