



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.

<b>FIRST NAME</b>		<b>FAMILY NAME</b>		<b>STUDENT NUMBER</b>	
<b>FULL-TIME</b>		<b>PROGRAMME</b>		<b>DEGREE</b>	
<b>PART-TIME</b>					
<b>NATURE OF PETITION:</b>					
LEAVE OF ABSENCE <sup>1</sup>			OTHER <sup>2</sup> 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](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**

Large empty rectangular area for the student's statement.

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

Empty rectangular box for the effective date.

**FOR A LEAVE OF ABSENCE, SPECIFY END DATE:**

Empty rectangular box for the end date of a leave of absence.

**DATE SIGNED**

Empty rectangular box for the date signed.

**SIGNATURE**

Empty rectangular box for the signature.

PLEASE PROVIDE YOUR E-MAIL ADDRESS

Empty rectangular box for the 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)**

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<b>DATE</b>		<b>PRINTED NAME of Faculty Member</b>		<b>SIGNATURE</b>	
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**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

<b>DATE</b>		<b>PRINTED NAME</b>		<b>SIGNATURE</b>	
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**D. REVIEW AND DECISION OF THE SCHOOL OF GRADUATE STUDIES**

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<b>DATE</b>		<b>PRINTED NAME</b>		<b>SIGNATURE</b>	
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