

Academic Consideration

Office of the Registrar Ontario Tech University 2000 Simcoe Street North, Oshawa, ON L1G 0C5 Canada

905.721.3190 ontariotechu.ca

What? Where?	medical reason. You must provide supporting documentation where appropriate, and complete all additional forms if this is for an appeal. If you missed coursework/examination for a medical reason, complete the Medical Statement form. If you missed a final examination, you must also submit the Application for Deferred Final Examinations form.							
Who? When?	The Office of the Registrar, for final examination deferrals and appeals. Who? The form(s) must be completed and signed by the student.							
Last nan	20	First name	Student Number					
Last han		i iist name						
University student email address			Phone number					
Reason for request								
Choose an item.								
1								

Academic consideration is being requested in the following course(s) for the following coursework/examination(s): (Hover over course code cell to add additional lines)							
Course code (e.g. BIOL 1010U)	CRN (e.g. 40050)	Instructor	Type of missed work (lab, assignment, exam, etc.)	Weight of coursework (e.g. 15 per cent of final grade)	Date of missed deadline or exam (mm/dd/yy)		

Personal statement

Complete this section to include a description of how the event(s) impacted your academic abilities or caused you to miss a scheduled due date or examination. Depending on the type of application, attach supporting documentation. (1,200 character maximum)

Terms and Conditions

- 1. Completion of this form does not guarantee that consideration will be granted. **Incomplete forms will not be processed.**
- 2. It is the student's responsibility to check their university student email for a decision.

I certify that I was unable, on the dates stated above, to meet academic deadlines in the course(s) listed above. I acknowledge that submission of false statements or documents is a violation of the university's academic regulations and may be grounds for Academic Misconduct.

Student's signature	Date
This form will not be processed unless it is signed and dated.	

Personal information on this form is collected under the authority of the University of Ontario Institute of Technology Act, SO 2002, c. 8, Sch. O. and will be collected, protected, used, disclosed and retained in compliance with Ontario's Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31. This information will be used for education, administrative and statistical purposes and to administer registration within the University. Questions regarding the collection of your personal information may be directed to the Registrar, 2000 Simcoe Street North, Oshawa, ON L1G 0C5, 905.721.3190, email: connect@ontariotechu.ca.

If you require this information in an alternative format due to disability, please email records@ontariotechu.ca.