Request For Special Consideration

Instructor: ___________________________  Section: ___________________________

Family name: _________________________  Emails: ___________________________

First name: ___________________________  TA: _____________________________

Student #: ___________________________  Date: _____________________________

Phones: _______________________________  Work: ___________________________

Explain why you need special consideration. Be sure to complete the above information including the piece of work (Assignment, lab, midterm) to which this special consideration will apply. Staple any relevant documentation to this request form and submit to your instructor.

Signature: ____________________________________________________________

_____________________________________________________________

Students: Do not write below this line.
Space for instructor’s recommendation: