

# Request for Special Consideration Form

## Department of Computer Science

To complete this request for special consideration, you are required to affirm that you are abiding by the [Code of Behaviour on Academic Matters](#). In particular, it is an offence “to engage in any form of cheating, academic dishonesty or misconduct, fraud or misrepresentation not herein otherwise described, in order to obtain academic credit or other academic advantage of any kind.”

**This request will be assessed by a member of the teaching team. Special consideration is NOT always granted — to be safe, always submit whatever partial work you have completed by the original deadline.**

First name:

UTORid:

Last name:

Course:

Student Number:

Coursework:

Have you requested special consideration before in this course? (Select one)      YES      NO

Are you registered with Accessibility Services? (Select one)      YES      NO

Select the reason for your request (*having a heavy course load or being behind in courses does not qualify*):

I am experiencing a health condition or injury, a personal or family emergency, or bereavement.

*Appropriate documentation includes: an absence declaration, or if you are unable to submit an absence declaration, then one of:  
1) a verification of illness or injury form; 2) a letter from your College Registrar; 3) a letter from Accessibility Services.*

I am requesting special consideration for circumstances related to religious observances, athletic obligations, chronic and ongoing health conditions, attendance at a University sponsored event (e.g., field trip, awards ceremony), or mandatory legal obligations (e.g., jury duty).

*An absence declaration is NOT accepted for these circumstances; instead, please consult [this page](#) for details about where to obtain appropriate documentation.*

Requested special consideration (e.g., “2-day extension”) and any relevant information:

Please indicate how you will provide the required documentation.

I will send the Absence Declaration Form to course email

I will send the supporting documentation (e.g., a Verification of Illness or Injury [form](#), a College Registrar’s letter, or a letter from Accessibility Services)

An authority (e.g., Accessibility Advisor, College Registrar) will send supporting documentation on my behalf

**Whether you work alone or in a group, create your group on MarkUs *before* submitting this form.** Please submit this form only once for your group. List here the UTORids of all other group members (if applicable):

By submitting this form, you are making the following affirmation:

**I affirm that the information that I am providing is accurate, and I understand that to make a false claim is an offence under the Code of Behaviour on Academic Matters.**

*Please submit the completed form from your U of T email account.*