## 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 <u>Code of Behaviour on Academic Matters</u>. 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 adjudicated by Course Staff. Special consideration is NOT always granted — to be safe, always submit whatever partial work you have completed by the original deadline.

First name:	Course:		
Last name:	Coursework:		
Student Number:			
UTORid:			
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):			
Medical (e.g., illness, injury, or hospitalization)			
Non-medical (e.g., serious personal or family situation	n that is unexpected an	d beyond yo	our control)
Requested special consideration (e.g., "2-day extension") and any relevant information:			
Whather you work alone or in a group, create your group o	n Mark IIs <b>hafora</b> suhm	itting this fo	rm (only <b>ono</b>
<b>Whether you work alone or in a group</b> , <i>create your group on MarkUs <b>before</b> submitting this form</i> (only <b>one</b> copy per group), and list here the UTORids of all other group members (if applicable):			
By submitting this form, you are making the following affirmation:			

I affirm that I am experiencing a personal emergency, and I understand that to falsely

claim so is an offence under the Code of Behaviour on Academic Matters.

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