

Petition for Consideration of Prolonged Absence or Missed Examination/Required Assessment

BScPA students are expected to participate in all scheduled classes, labs and synchronous sessions and to be in attendance for all clinical activities and responsibilities, as required to ensure that their performance can be adequately assessed. The Faculty also expects students to be present at examinations as scheduled.

Nevertheless there may be times when due to illness or other circumstances students may require a brief absence from their studies or request a deferred examination.

Students are required to **consult with the appropriate teacher/Course Director, and/or Medical Director**. A Petition for Consideration must be completed by the student, signed by the appropriate person as above, and sent to the BScPA Program Office. If illness is a factor, refer to www.illnessverification.utoronto.ca for guidance (see FAQ section) and relevant form. Final decisions may be made by the BScPA Management Committee or relevant subcommittee.

Students must be aware that recurrent and/or prolonged absence(s) may result in failure to meet the requirements of the BScPA Program. These absences may be discussed at Faculty meetings and by the Board of Examiners, and may result in failure of a course or a year, or lead to dismissal from the BScPA program.

PETITION FOR CONSIDERATION

NAME: _____

STUDENT NUMBER: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____

YEAR IN PROGRAM (Circle One): Year One Year Two

Please check below as appropriate:

I would like to reschedule my Examination (deferral)

Name of course and component: _____

I am requesting an Extension to complete course work

Name of Course and component: _____

I am requesting consideration for a prolonged absence (beyond the allotment of personal days)

Dates of absence: From: _____ To: _____

Please state clearly, in a separate letter, the circumstances for your petition. If illness is a factor, refer to www.illnessverification.utoronto.ca for guidance on medical form completion and submission.

Student Name : _____

Student Signature: _____ Date: _____

I have spoken with the above named Student:

Name (print): _____

Signature: _____ Date: _____

Circle position Course Director Medical Director

For BScPA Office Use Only	
Decision	<input type="checkbox"/> Request Granted <input type="checkbox"/> Request Not Granted
Details (e.g. alternate exam date/time, extension time-line/requirements, reason for decision)	
Name of decision maker (print):	Signature: _____
Medical Documentation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Documentation Received	Date: _____