PETITION FOR CONSIDERATION
FOR PERFORMANCE ON AN
EXAMINATION OR ASSESSMENT
FORM

Please submit the signed form to Enrolment Services – Undergraduate Medical Education by fax (416-971-2163) or email (registrar.medicine@utoronto.ca)

PURPOSE FOR COMPLETING THIS FORM

The Faculty expects students to be present at examinations as scheduled. Nevertheless illness or personal circumstances may interfere with a student’s ability to adequately prepare for or write an examination as scheduled. In these circumstances, students should contact the appropriate Course Director as soon as the problem becomes apparent. It is the responsibility of the Course Director in the first instance, to determine whether the circumstances warrant an accommodation. As it is Faculty’s policy to strongly encourage students to take examinations as scheduled wherever possible, in most cases (for example those involving less serious illness) students will be encouraged to attempt the examination as scheduled.

Students who feel that their performance on an examination/assessment may have been compromised by their personal illness or personal circumstances must complete this form within 24 hours of the scheduled examination. Medical documentation may be required.

Date(s) of Examination(s)/Assessment(s): ________________________________________________

Course(s) or Component(s) Affected: ________________________________________________

Please Indicate the Reason Below:

☐ Illness/Injury/Personal Issue ☐ Family Emergency

☐ Other: _______________________________________________________________________

NOTIFICATION

Under the General Policy on Taking Examinations as Scheduled for UME (www.md.utoronto.ca/policies), the guidelines and process for notification and approval are outlined.

☐ I have contacted the Course Director

☐ I have not contacted the Course Director

☐ I agree to provide further documentation if required

Name: __________________________________________________________

Student Number: ________________________________________________

Year of Study: ☐ 1ST ☐ 2ND ☐ 3RD ☐ 4TH

Signature: ______________________________________________________

Date (MM/DD/YYYY): ____________________________________________