

**Department of Physical Therapy
Faculty of Medicine, University of Toronto**

Request for Special Consideration

INSTRUCTIONS FOR STUDENTS

You must check one of the following two categories that best fits this request:

- ☐ 1. You have experienced health problems or other personal circumstances which have adversely affected (or may adversely affect) your participation or performance in, or ability to, complete course work, examinations, or other departmental assessments:
- You must complete this form and submit it to the Unit Coordinator before (if possible) or within 48 hours of the deadline or date of assessment. In the case of a test or exam, you may be required to sign a non-disclosure form by the Unit Coordinator. You may be asked to supply additional documentation to support this request for special consideration, including (but not limited to):
 - Medical certificate: Must confirm that you were adversely affected by the health problem(s), indicate dates of illness and that the physician was consulted at the time of the illness
 - If you have met with Accessibility Services, U of T, the department needs to be informed by Accessibility Services that you have a documented disability and what specific accommodations they recommend. This can be done via email which can then be submitted as documentation. Accessibility Services will require your permission before any information is forwarded to a third party. The parameters of the information they forward will be determined by your instructions to them.
 - Please note that you may be required to pay a fee of \$70.00 per test or exam, as set out by the Planning and Budget Office's [Administrative User Fees and Fines](#) schedule. You will be informed by either the Unit Coordinator, Graduate Coordinator, or Student Liaison Officer if this applies to you.
- ☐ 2. Your request is general in nature and you want this information to be shared with your (please check and provide names):
- ☐ Current Unit Coordinator(s)
 - ☐ All Unit Coordinators for the remainder of the year
 - ☐ Faculty Advisor
 - ☐ Graduate Coordinator

Names: _____

INSTRUCTIONS FOR FACULTY

Inform the student of your decision, record that decision on the form, ensure the appropriate evidence is attached, and then forward the form to the Graduate Coordinator for co-signature. He/she will forward the form to the Student Liaison Officer to be placed in the student's file. Copies of the form will be distributed by the Student Liaison Officer as requested by the student. **Please note:** If the form is emailed by the student, the signature is not required but a copy of the originating email must be sent in lieu to the Student Liaison Officer.

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Student Name:	Student Number:
Date:	Year: <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2
Email Address:	Telephone:
Unless this request falls under category (general in nature), indicate which unit(s) it concerns, and corresponding Unit Coordinator(s):	
State your request and any extenuating circumstances:	
Date:	Signature of Student:
The section below to be filled out by Unit Coordinator	
Record the details of your response to the student in regards to his/her request:	
Date:	Signature of Unit Coordinator:
Date:	Signature of Graduate Coordinator: