If you missed a test or are unable to submit term work by the last day of classes because of circumstances beyond your control (e.g. illness, accident):

a) fill in this form
b) attach **original** appropriate documentation (e.g., medical certificate* police report)
c) forward to Steph Sullivan, Undergraduate Counsellor in CCT Building room 3051.

* A medical certificate **MUST** include the statement “This student was unable to write the test (or submit term work by the day of classes, if applicable) on (date) for medical reasons”. You **MUST** see your physician within **ONE DAY** of the missed test or your request may be denied.

Date request submitted: __________________________ Session (Fall/Winter) __________

Student Name: ___________________________ Student Number:_____________________

Telephone Number:_________________________ UToronto email: _______________________

<table>
<thead>
<tr>
<th>1. Course Title/Code/Section:</th>
<th>Instructor Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of missed test or due date:</td>
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<table>
<thead>
<tr>
<th>2. Course Title/Code/Section:</th>
<th>Instructor Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of missed test or due date:</td>
<td></td>
</tr>
</tbody>
</table>

Attached documentation: ___________________________________________________________

Reason for Request: _______________________________________________________________

**False statements and/or documentation will be treated as academic offences and handled accordingly. By signing here, you acknowledge that the above is true and accurate:**

_____________________________________________________________________________

Student Signature

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**FOR OFFICE USE ONLY**

Date Instructor Contacted ___________________________________________

Outcome and Comments _________________________________________________

1) Approved  Not approved  Incomplete

2) Approved  Not approved  Incomplete

Notes:___________________________________________________________________________

History:__________________________________________________________________________