

(This form is **NOT** for use by Physicians/Surgeons, Nurse Practitioners, Dentists or Clinical Psychologists. Those practitioners must use the University of Toronto [Verification of Student Illness or Injury form](#).)

The University of Toronto Mississauga is governed by a series of rules and regulations that are intended to ensure that all our students are treated equitably and fairly. We acknowledge, however, that in some instances there are valid reasons why students should be granted an exception from these rules. In considering requests from students, the university is sensitive to the needs of students who are experiencing problems that are beyond their power to foresee or control, but may not always be able to grant the request.

Part 1: To Be Completed by the Student

Please describe what exception to published university policies and/or deadline(s) you are requesting. If applicable, please specify the course(s).

I, the undersigned student, authorize the person named below to verify information to a University official as required.

Student name: _____

Student number: _____

Signature: _____

Date: _____

Part 2: To Be Completed by Verifier

Your name: _____

What is your relationship to the student?

What extenuating circumstance(s) are you aware of that would be relevant to this student's request? See student's answer to first question in Part 1. (Attach another sheet or letter if needed.)

Do you have direct knowledge (rather than knowledge reported by the student) of the student's extenuating circumstance(s) relevant to this request? See student's answer to first question in Part 1.

Yes No

Please describe:

Please indicate below the **effect** of these circumstances on the student's ability to learn, communicate, concentrate, and participate in academic activities as well as his/her decision making capacity and motivation.

Initial the most relevant category		Degree of Incapacitation on Academic Functioning	Start Date	Anticipated End Date
	Severe	Completely unable to function at any academic level e.g. unable to attend classes, or fulfill any academic obligations.		
	Serious	Significantly impaired in ability to fulfill academic obligations e.g. unable to complete an assignment, unable to write a test/examination.		
	Moderate	May be able to fulfill some academic obligations but performance considerably affected e.g. able to attend some classes, decreased concentration, assignments may be late.		
	Mild	Likely to be able to fulfill academic obligations, but performance affected to a minor degree, with mild impairment and minimal symptoms.		
	Negligible	Unlikely to have an effect on ability to fulfill academic obligations.		

Frequency and/or timeline of contact with student relevant to extenuating circumstance(s):

Once only Multiple Visit date(s): _____

Please include your contact information **for verification**. Affix business card or stamp or attach signed letterhead.

Professional Affiliation/ Registration #: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

Affix business card or stamp here.

University of Toronto respects personal privacy. Personal information that is provided on this form is used by the University to verify effects of extenuating circumstances on your capabilities and necessary related purposes. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please contact the Office of the Registrar.

Alteration or falsification of information on this form may constitute an academic offence under the Code of Behaviour on Academic Matters and may be prosecuted as such.

Completion of this form does not guarantee that special consideration will be granted. Incomplete forms will not be processed. In some appeal situations, the University may require additional information from you or your verifier to decide whether or not to grant or confirm special consideration

PLEASE RETAIN A COPY FOR YOUR FILES