

INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM iBioMed Advisement

Petition for Special Consideration Form

(This is the form referred to in Section 40 of the Appeal Procedures)

This form is for the use of undergraduate students registered in the Integrated Biomedical Engineering & Health Sciences program only, and should be submitted to the program office in MDCL 3515. If you have any questions about its completion and purpose, please ask the Academic Advisor.

STUDENT NAME: _____	STUDENT NUMBER: _____		
PROGRAM: _____	LEVEL: _____		
ADDRESS DURING TERM: _____			
No.	Street	City	Postal Code
McMASTER EMAIL: _____	PHONE NUMBER: _____		

What action do you seek? (i.e. What do you want to be done specifically by the Program or one of its officers/committees?)

Have you discussed your situation with anyone in the Program or Faculty of Engineering or Faculty of Health Sciences? Yes No

If yes, please identify who: _____

Use the back of this form, plus attach sheets as necessary, to fully document the arguments for this petition.

Received (Office Stamp)

Student Signature: _____

Date: _____

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Use this space to provide information you believe necessary to support your petition. (You may attach additional sheets if necessary.)

Please note number of sheets (if any) attached to this form: _____

FOR OFFICE USE ONLY:

Final Resolution:

Associate Dean: _____ Date: _____

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