



# UNIVERSITY COLLEGE

## UNIVERSITY COLLEGE OFFICE OF THE REGISTRAR TERM WORK CONSIDERATION REQUEST

**PLEASE NOTE:** If you require academic accommodations for disability-related reasons and are registered with Accessibility Services, please do not complete this form. Instead, you should discuss your request directly with your Accessibility Advisor.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

UofT Student Number \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ @ mail.utoronto.ca

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University Freedom of Information and Protection of Privacy Coordinator at 416-946-7303, McMurrich Building, Room 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

**Please check:**

☐ I have provided accurate and complete information on this form. I understand that there is no guarantee that my request for consideration will be granted by the Registrar.

☐ I have provided authentic and original supporting documentation (required)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY STUDENT**

*Please provide details for each course that is affected, as follows:*

1. **Course Code:** \_\_\_\_\_ (e.g. ENG100Y1) **Lecture Section:** \_\_\_\_\_ (e.g. L0101)

**Tutorial Section** (if applicable): \_\_\_\_\_ (e.g. T0101) **Instructor / TA Name:** \_\_\_\_\_

**Instructor/TA Email Address:** \_\_\_\_\_ **Instructor Contacted by Student?** ☐ Y ☐ N

☐ **Term Work Extension Required.** Original Due Date: \_\_\_\_\_

Please indicate type of work (e.g. essay, lab report, etc.): \_\_\_\_\_

☐ **Missed Test Consideration Required.** Date Test Held: \_\_\_\_\_

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2. **Course Code:** \_\_\_\_\_ (e.g. ENG100Y1) **Lecture Section:** \_\_\_\_\_ (e.g. L0101)

**Tutorial Section** (if applicable): \_\_\_\_\_ (e.g. T0101) **Instructor / TA Name:** \_\_\_\_\_

**Instructor/TA Email Address:** \_\_\_\_\_ **Instructor Contacted by Student?** ☐ Y ☐ N

☐ **Term Work Extension Required.** Original Due Date: \_\_\_\_\_

Please indicate type of work (e.g. essay, lab report, etc.): \_\_\_\_\_

☐ **Missed Test Consideration Required.** Date Test Held: \_\_\_\_\_

3. **Course Code:** \_\_\_\_\_ (e.g. ENG100Y1)    **Lecture Section:** \_\_\_\_\_ (e.g. L0101)  
**Tutorial Section** (if applicable): \_\_\_\_\_ (e.g. T0101)    **Instructor / TA Name:** \_\_\_\_\_  
**Instructor/TA Email Address:** \_\_\_\_\_    **Instructor Contacted by Student?** [ ] Y [ ] N  
[ ] **Term Work Extension Required.** Original Due Date: \_\_\_\_\_  
Please indicate type of work (e.g. essay, lab report, etc.): \_\_\_\_\_  
[ ] **Missed Test Consideration Required.** Date Test Held: \_\_\_\_\_

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**Student Statement: (include request and reasons needed for consideration)**

**PLEASE SUBMIT WITH ORIGINAL SUPPORTING DOCUMENTATION (REQUIRED)**

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TO BE COMPLETED BY STAFF

Documentation Submitted [ ] Yes  
[ ] No    →    Date to be Submitted: \_\_\_\_\_    Staff Initial: \_\_\_\_\_  
Date Received: \_\_\_\_\_    Staff Initial: \_\_\_\_\_