

Part I: Student/Course Information

Petition to Academic Status Committee

Please be sure to consult the <u>Academic Status Regulations</u> prior to completing these forms, to ensure accuracy. It is your responsibility to have all necessary documentation complete and in order.

Note: The Academic Status Committee does not consider long-term accommodation requests. If you require accommodations in place for your semester, please visit the Student Accessibility Services website to connect with an advisor. If your request does not meet the criteria as outlined in the <u>Academic Status Regulations</u>, you are free to contact your Professor directly.

Limitation Period: The Academic Status Committee will not consider petitions in respect of any examination after final grades are released.

| UWindsor Student ID: | |
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| Program/Year of Study: | |
| Course Code/Instructor Name: | |
| Assessment Type: □ Quiz □ Test □ | Midterm □ Exam □ Assignment □ Other |
| Are you registered with Student Accessibil | lity Services? □ Yes □ No □ In Process |
| Have you requested a prior accommodation | on this term? Yes No |
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| Part II: Accommodation Request Details | |
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| Part II: Accommodation Request Details Type of Request: | Original Date/Time of Assessment: |
| | Original Date/Time of Assessment: |
| Type of Request: | |
| Type of Request: | Original Date/Time of Assessment: Proposed New Date/Time of Assessment: |
| Type of Request: | |
| Type of Request: | |
| Type of Request: | Proposed New Date/Time of Assessment: I understand the Academic Status Committee may need to reach out to my Professor to discuss the |
| Type of Request: | Proposed New Date/Time of Assessment: I understand the Academic Status Committee may need to reach out to my Professor to discuss the proposed accommodation. I understand my |
| Type of Request: Medical Compassionate Documentation Attached: Verification of Illness Form Note from Physician | Proposed New Date/Time of Assessment: I understand the Academic Status Committee may need to reach out to my Professor to discuss the |
| Type of Request: ☐ Medical ☐ Compassionate Documentation Attached: ☐ Verification of Illness Form | Proposed New Date/Time of Assessment: I understand the Academic Status Committee may need to reach out to my Professor to discuss the proposed accommodation. I understand my |



| Part III: Description of Circumstances for Request | |
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STATEMENT OF STUDENT DISCIPLINE AND NON-DISCLOSURE FOR EXAM

(to be completed only if deferring an exam*)

| I agree, that if approved to defer an exam*, that I will not communicate to anyone regarding the format or content of this exam whether I will write it prior to or after the remainder of the class. |
|--|
| I understand that , violation of this agreement, in spirit or in practice, is a violation of the Faculty of Law's Policy Statement on Student Discipline and is subject to disciplinary action. |
| |
| Student Name: |
| Student Signature: |
| Date: |
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Please submit all 3 pages of this form, plus supporting documentation to the Academic Coordinator's Office (lawac@uwindsor.ca) with the subject line: **ASC Petition**

^{*}Exam, for these purposes, is interpreted to include any assessment: quiz, test, midterm, paper or final.