

University of Toronto
FACULTY OF ARTS AND SCIENCE
Non-Medical Documentation to Accompany Student Petitions

(This is **not for use** by Physicians/Surgeons, Nurse Practitioners, Dentists or Clinical Psychologists. Those practitioners must use the UofT *Verification of Student Illness or Injury* form.)

PLEASE RETAIN A COPY FOR YOUR FILES

1. **Student's name:** _____
2. **Your name:** _____
3. What is **your professional designation/relationship** to the student?

4. What **non-medical circumstances/events** are you aware of that would be relevant to this student's request to be treated differently than the normal rules require? (Attach another sheet if needed.)

5. Do you yourself have **direct knowledge** (rather than knowledge reported by the student) of the student's circumstances/events relevant to this petition? *Yes* *No*
Explain: _____
6. To what **degree** did these circumstances incapacitate the student, i.e. ability to learn, do academic work, communicate, concentrate or make decisions?
Severe *Serious* *Moderate* *Mild* *Negligible*
7. Frequency and/or **timeline of contact** with student relevant to present episode?
Once only – visit date: _____
Multiple – visit dates: _____
8. Your contact information for **verification**: Please affix business stamp or card or signed letterhead.

Email _____ Phone _____

Address: _____ Date _____

Signature _____ Prof. Affiliation # _____

Note: Providing this documentation does not mean that the student's request will necessarily be granted. Petition requests are reviewed in their entirety before a decision is made. Questions regarding this information or its use may be directed to: Faculty Registrar, ask.artsci@utoronto.ca, 416-978-3384, 100 St. George St. Rm. 1006, Univ. of Toronto, Toronto ON M5S 3G3

STUDENT TO COMPLETE BELOW

I, the undersigned student, authorize the above-signed person to verify information to a University official as required.

(Name)

(Student Number)

(Signature)