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

(This is <u>not for use</u> 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. <u>Your name</u> :				_
3.	What is your professional designation/relationship to the student?			
4.	What <u>non-medical circumstances/events</u> 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.	circumstances/events re	lirect knowledge (rather than kelevant to this petition?	Yes	No
6.	communicate, concentr	ese circumstances incapacitate rate or make decisions? rious Moderate	the student, i.e. ability Mild	to learn, do academic work, 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 <u>verification</u> : Please affix business stamp or card or signed letterhead.			
	Email	Phor	ne	
	Address:		Dat	te
	Signature	Signature Prof. Affiliation #		
No	Petition requests are information or its u	mentation does not mean that the reviewed in their entirety befores may be directed to: Faculty Rm. 1006, Univ. of Toronto, To	ore a decision is made Registrar, <u>ask.artsci@</u>	. Questions regarding this
I, t	TUDENT TO COMPLET the undersigned student, puired.	TE BELOW authorize the above-signed pers	son to verify informati	on to a University official as
(1	Name)	(Student Number)	(Signat	ture)