



## PETITION TO DROP A COURSE RETROACTIVELY

**IMPORTANT: Please note that it is the students' responsibility to submit their petition to Academic Services YH C102 and to provide supporting documents. Incomplete petitions will not be accepted. Students shall submit their petition to their home faculty.**

Documents to be submitted with Petition	Included	Not applicable	OSP Initials
Undergraduate Petition Form To Drop A Course Retroactively	<input type="checkbox"/>		
Statement of grounds (Comments/Personal letter)	<input type="checkbox"/>		
Course Performance Summary (CPS) – One summary per course. Please list all required CPS here.			
1.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	
Attending Physician's Statement	<input type="checkbox"/>	<input type="checkbox"/>	
Counselling Centre Statement	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Documentation – Please specify. (Continue list of CPS if necessary)			
1.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	

Name (Please print)	Date
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# PETITION TO DROP A COURSE RETROACTIVELY

## Student Information

Student Number	Last Name	First Name
Address	City	Province Postal Code
Telephone No.	Email Address	
Current Year of Study	Program Type (Specify BA, BA Hons., Double Major, etc.)	

I hereby petition to drop the following course(s) retroactively:

1.	2.	3.	4.	5.
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on grounds of     Illness     Personal Misfortune     Academic Misfortune\*     Unforeseeable economic hardship.  
 \* (unforeseeable inability to obtain necessary research materials or a confirmed error on the part of the institution).

**COMMENTS:**    You may wish to attach a separate personal letter of explanation

**It is the students' responsibility to provide documentary evidence in support of their petition. Petitions will not be considered without appropriate documentation.**

Instructor's statement (required)    Attached   
 Medical Certificate (if applicable)    Attached     Other documents (if applicable)    Attached

I hereby certify that all information on this form and all statements in the attached petition and supporting documentation are correct and complete and that any misrepresentation of this information may lead to a charge of breach of academic honesty. Protection of privacy: Personal information in connection with this form is collected under the authority of The York University Act, 1965. The information will be used to process and adjudicate your petition or appeal, and for related record-keeping purposes. If you have any questions about the collection, use or disclosure of this information by York University, please contact the manager, Registrarial Services, W120 Bennett Centre for Student Services, York University, 4700 Keele Street, Toronto ON, M3J 1P3, 416-872-9675.

Student's signature	Date
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# GLENDON COLLEGE - YORK UNIVERSITY

## STUDENT COURSE PERFORMANCE SUMMARY

STUDENT : It is your responsibility to have this form completed by the Course Director/Instructor, or either the Undergraduate Program Director or Chair acting on behalf of the Course Director, for each course in which special consideration is being requested and to forward this form directly to Academic services INCOMPLETE PETITIONS WILL NOT BE ACCEPTED. If you require additional forms, please make photocopies.

**Note: Students should be aware that making false claims, submitting false information, altering official documents or records, so as to mislead an instructor, academic unit or committee, are considered breaches of academic honesty. The Senate Policy on Academic Honesty is published in full in the Undergraduate Programs Calendar, and is available from the University Secretariat.**

Student's Name					Student Number
Course Director's Name					
Session	Term	Faculty	Subject	Course #/Section	Course Title

**COURSE DIRECTOR:** Students are permitted to see ALL materials pertaining to their petition, including this form.

1. Attendance: To the best of your knowledge, did the student attend classes regularly? Yes  No  I do not know
2. Course Information: Complete the table below. Please supply dates where requested. This information is essential for the Committee to confirm the time and/or sequence of events described in the petition.

Type of Graded Component or Assignment	% Weighting of Course Mark	Grade Earned	Date Assignment(s) Due	Date grade available to student	Work Not Received (Check)
Total - 100%					

3. Please provide your comments to assist the Committee in granting or denying the petition.

Course Director/Instructor's Signature	Date
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Protection of Privacy: Personal information in connection with this form is collected under the authority of Freedom of Information and Protection of Privacy Act and The York University Act, 1965 for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes.