

A student may petition for exception to Academic Regulations in accordance with Policy 70 – Section 3 and Appendix A (uwaterloo.ca/secretariat-general-counsel/policies-procedures-guidelines/policy-70). Petition decisions are final and cannot be appealed.

Instructions to complete this form

Note: No assumptions regarding the outcome of the petition should be made. You should consult with your academic advisor before submitting this petition. If you are or were in receipt of financial aid during the term(s) affected by this petition, please contact the Student Awards and Financial Aid Office **before** submitting your petition. Failure to do so could result in a decision that changes your eligibility for financial aid.

1. Complete your student information requested in **Section A**.
2. Attach a printed or typed letter (no more than two pages) stating what you are requesting and why this petition should be granted. The petition should include:
 - an opening sentence which clearly states the desired outcome of the petition, including the term or courses to be considered.
 - a timeline that chronologically places all relevant events in order. Documentation should support events on this timeline.
 - a complete account of all circumstances contributing to the petition.
3. Select the type of petition in Section B and identify the terms affected.
4. List all supporting documentation in **Section C**. All doctors must complete the Waterloo [Verification of Illness form](#).
5. Sign and date the Declaration and Consent in **Section D**. This form will not be processed without your signature.
6. For **Mathematics Non-degree, Arts, Engineering, and Environmental students**: take the completed petition form along with any supporting documentation directly to [The Centre](#) (NH, first floor).
For all **Mathematics plans other than Mathematics Non-degree**: take the completed petition form to your Undergraduate Advisor for approval and then take the approved petition form along with any supporting documentation directly to [The Centre](#) (NH, first floor).
For **Applied Health Sciences and Science students**: take the completed form and attached supporting documentation to your Undergraduate Advisor. The advisor will complete their recommendation and forward the petition to [The Centre](#) (NH, first floor).

Section A: Complete the information below.

Waterloo student identification number _____ Email _____

Last name _____ First name _____ Middle name(s) _____

Title (i.e., Mr., Miss, Ms., Mrs.) _____ Academic level (i.e., 2A) _____ System of study Co-op Regular

Faculty or Program or Plan _____

My home institution is (check one) University of Waterloo Wilfrid Laurier University**Section B: Indicate the type of petition you are making by selecting the appropriate box or boxes below.**

- | | |
|---|---|
| <input type="checkbox"/> Increased or reduced course load | <input type="checkbox"/> Add course(s) after the deadline (attach a completed course override form) |
| <input type="checkbox"/> Drop course(s) after the deadline | <input type="checkbox"/> Reconsideration of academic decision |
| <input type="checkbox"/> Reconsider WD or WF grade(s) | <input type="checkbox"/> Other (specify) _____ |

Indicate the terms that your petition pertains to (e.g. Fall 2018, Winter 2019) _____

Section C: List all supporting documents attached to this petition form (e.g. medical notes, counsellor's note, police statement)**Section D: Declaration and consent**

I confirm that the information provided in this petition is complete and accurate in every respect. I understand that the Office of the Registrar will communicate a decision by letter or email immediately following the Committee's decision.

Student's signature _____ Date _____

This page is to be completed by the Undergraduate Advisor and the Faculty Petitions Committee

Undergraduate Advisor's recommendations and signature (Required) Positive Negative No Recommendation

Comments:

Signature _____ Date _____

Name of Undergraduate Advisor _____ Phone extension _____

Faculty Petitions Committee Decision Positive Negative Deferred

Comments:

Signature of Committee Chair _____ Date _____

Name of Committee Chair _____ Phone extension _____