

## ACADEMIC CONSIDERATION REQUEST

To be submitted to your Professor(s) as early as possible.

### Student Information

Last Name	First Name
Student Number	email <span style="float: right;">@nctorontostudents.ca</span>
Program	
For absences longer than one day, indicate the start and end dates	
Start Date	End Date

### Missed Work

DATE	COURSE CODE	MISSED WORK OR EVALUATION	PROFESSOR	ACTION TAKEN

### Reason for absence

<p><b>SANCTIONED EVENT:</b> Pre-scheduled events sanctioned by Niagara College Toronto. <span style="float: right;">Other, please specify</span> Please provide details regarding the sanctioned event.</p>				
<p>Authorized Niagara College Toronto person associated with the event.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name</td> <td style="width: 50%; border: none;">Title</td> </tr> <tr> <td style="border: none;">Signature</td> <td style="border: none;">Date</td> </tr> </table>	Name	Title	Signature	Date
Name	Title			
Signature	Date			
<p><b>PERSONAL EVENT:</b> Pre-planned/pre-scheduled events or appointments of a personal nature that cannot be scheduled outside of academic hours. Please provide information regarding the personal event with sufficient detail for your professor to justify accommodating your request to complete the missed course work/evaluation.</p>				
<p><b>EMERGENCY ABSENCE:</b> Describe the unexpected significant event with sufficient detail for your professor to justify accommodating your request to complete the missed course work/evaluation.</p>				

I certify that I will miss the course work/evaluations listed above for the reasons stated. I understand the College policy on Academic Honesty and acknowledge that providing false or misleading information with the intent to avoid or delay completion of a scheduled evaluation or course work is considered Academic Misconduct and could result in disciplinary action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date