## Notification of Absence

**PETITION FOR RELIEF FOR MISSED COURSE WORK**

Today's Date: ___________________________  Student #: ___________________________

Name: ___________________________________  McMaster E-Mail: _____________________

Program & Level: ___________________________  Phone #: ___________________________

Reason for request for relief for missed course work privilege(s): ________________________________

Please read the following points carefully:

1. A DEFERRED EXAM request form must be completed for a FINAL EXAM that is missed.
2. A McMaster University Student Health Certificate must accompany this form, if for medical reasons.
3. Information submitted on behalf of a student by a physician must explain the degree of incapacitation as outlined in the medical certificate form.
4. If relief is sought for compassionate circumstances, appropriate documentation must be provided.
5. A student has five (5) working days after the missed coursework to complete and return this form to the Student Experience Academic Office (DSB-112).
6. Approval of this Notification of Absence form does not exempt the student from any component of the course for which they are requesting special consideration.
7. A student presenting a third petition for relief for medical circumstances, within 12 months, beginning September, will be asked to meet with the Manager, Undergraduate Programs for consideration.

<table>
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<tr>
<th>Course Name &amp; Number (e.g.: Commerce 1E03)</th>
<th>Academic Work Missed (e.g.: quiz, test, assignment, midterm, participation/class)</th>
<th>Weight (e.g.: 25%)</th>
<th>Instructor &amp; their E-Mail Address (e.g.: Prof. Smith)</th>
<th>Date(s) Missed month/day/year (e.g.: Mar. 13/08)</th>
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Please indicate if you would like to arrange an alternative sitting of the test (Note: This option is only available with 10 business days notice before the scheduled midterm):

- [ ] YES
- [ ] NO

Student Signature: ___________________________

[ ] Approved  [ ] Not Approved

Notes: ____________________________________________

Authorizing Signature: ___________________________  Date: ___________________________

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The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, and statistical purposes of the DeGroote School of Business including, but not limited to, maintaining records; academic counseling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Associate Dean, DeGroote School of Business.