

## Academic Petition Form

- Please carefully read the submission guidelines and refer to the deadlines in the Important Dates section before submitting **your petition**.
- Submit completed petition form, personal statement and relevant supporting documentation to your program office. Please allow 4 to 6 weeks after the petition has reached FGS for processing.
- **Contact your Graduate Program Assistant with any questions on the petitions process or your petition in particular.**
- Normally, a petition will not be processed if a student is not in good academic and/or financial standing.
- Incomplete petitions will be returned to the student and their graduate program. Updated information may then be provided within ten (10) days from the date indicated on the petition, or the petition will be cancelled.
- Making false statements on this form, personal statement and/or supporting documents is a breach of the Senate Policy on Academic Honesty.

**Please Note:** Signatures must be collected over email, either through a digital signature on the PDF form or an accompanying email attachment stating “I have read and approved this submission”

Student information		
Surname	Given name(s)	
Student number	E-mail	
Program	Degree & Level of Study	Registration Status
Petition Type		
Leave of Absence <input type="checkbox"/> Exceptional Circumstance (Compassionate, Professional Medical) <input type="checkbox"/> External <input type="checkbox"/> No Course Available	Number of terms requested _____  Effective term and year _____ FA _____ WI _____ SU	
Change of Registration Status <input type="checkbox"/> to Part-time <input type="checkbox"/> to Full-time	Effective term and year _____ FA _____ WI _____ SU	
<input type="checkbox"/> Extension of Program Time Limits * <input type="checkbox"/> CUPE 3903 — Executive Service (Article 15.09) <input type="checkbox"/> CUPE 3903 — Disability/Illness/Injury (Article 15.10) <input type="checkbox"/> CUPE 3903 — OHRC Grounds (Article 15.10) <i>* All petitions for extensions will be assumed to be for part-time status unless otherwise specified</i>	Effective term and year _____ FA _____ WI _____ SU	
<input type="checkbox"/> Reinstatement <input type="checkbox"/> to defend <input type="checkbox"/> to continue	Effective term and year _____ FA _____ WI _____ SU	
<input type="checkbox"/> Advanced Standing <input type="checkbox"/> Exemption from an academic standing regulation	Number of credits requested _____	
<input type="checkbox"/> Extension of Program Time Limits <input type="checkbox"/> COVID-19 Extension—one-term part-time study		
<input type="checkbox"/> Other:		
FGS Use Only		
LoA _____	Terms _____	Blanks _____ C/F _____ STAC _____

**Privacy:** Personal information in connection with this form is collected under the authority of *The York University Act, 1965* and will be used for educational, administrative and statistical purposes. If you have any questions about the collection, use and disclosure of personal information by York University, please contact: Faculty of Graduate Studies, 230 York Lanes, (416)736-2100 x 55521.

**Checklist**

- Personal statement**—Attach a short statement stating the petition request (required)
- Documentation**—Attach all relevant documentation. Refer to Academic Petition Guidelines for assistance.

I certify that the information I have provided in this academic petition form, personal statement and relevant supporting documentation is true, complete and accurate. I understand that any falsification of submitted documentation is a breach of the Senate Policy on Academic Honesty. From time to time the Faculty of Graduate Studies will conduct audits even after a decision has been made. If it is found, after an audit is made, that you were ineligible for the request, a favourable decision can be reversed.

**Student Name****Signature****Date (mm/dd/yyyy)****Graduate Program Director Recommendation and Rationale**

- Recommended
- Recommended With Conditions
- Not Recommended

**Rationale**

*Please provide a rationale for your recommendation (required). Attach supporting documents, if required.*

**Graduate Program Director name****Signature****Date (mm/dd/yyyy)****Faculty of Graduate Studies Petitions Decision**

- Granted       Partially Granted/Granted with Conditions       Refused       Cancelled

Fall 20\_\_\_\_ Winter 20\_\_\_\_ Summer 20\_\_\_\_

**Approved by:****Signature****Date (mm/dd/yyyy)****Registrar's Office Use Only**

Year Level

Fee Assessment

Processed by

Date processed (mm/dd/yyyy)