



UNIVERSITY OF TORONTO
FACULTY OF DENTISTRY

Date _____

Student Name: _____

Student Number: _____

E-mail address: _____ (mail.utoronto.ca address only) Class _____ (Year 1, 2, 3, 4)

Petitioners Request:

Reasons why petitioner considers above request should be granted:

Signature _____

Your statement should be as complete and brief as possible. Return to the Student Services, Room 104.