



UNIVERSITY OF TORONTO  
FACULTY OF DENTISTRY

Date \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

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

**Petitioners Request:**

**Specific Course/Lab/Clinical Sessions, dates, and assignments and/or assessments missed (as applicable):**

**Reasons why petitioner considers above request should be granted (if space provided is not sufficient, feel free to add an addendum with additional information):**

Signature \_\_\_\_\_

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