





## Request for Special Consideration for Disability-Related Reasons for the MD Undergraduate Program

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*To be completed by student. Please enter your First and Last Name as they appear on your MD application.*

First Name:

Last Name:

Preferred First Name:

Phone Number:

Email Address:

Address:

City:

Postal Code:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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CHECKLIST – Student to check off all items included.

Documentation of Disability (according to the Centre for Accessibility guidelines)

Letter by Applicant Outlining Rationale for Special Consideration

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Disclosure Agreement \*

I provide staff of Centre for Accessibility with consent for the release of relevant information from my Centre for Accessibility file, to the extent necessary to evaluate this request. Subject to the laws of the province governing access to information (Freedom of Information and Protection of Privacy Act), Centre for Accessibility will not release any identifying information about applicants to any parties other than those involved in the UGME admissions process.

**Privacy notification:** Personal information you provide on this form is collected pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act (“FIPPA”). The information is used for the purpose of processing your request.

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