

SPECIAL CONSIDERATION PROFILE

Please note that this form will be reviewed if your average falls below the established admission average required or if you do not otherwise meet admission requirements.

First Name: _____ Last Name: _____

Date of Birth: _____ Student ID (251****): _____

This Special Consideration Profile provides an opportunity for you to share any extenuating circumstances that have adversely affected your school record. Completion of this form allows these circumstances to be considered while reviewing your application and academic record for admission. Please note that submission of this form is voluntary.

Note that the Admissions Committee will take into consideration the content of your answers, as well as the manner in which you express yourself and your attention to spelling and grammar.

Those with a diagnosed learning disability must provide assessment and standard scores for all subtests, in addition to the completion of the Special Consideration Profile.

QUESTION 1A:

Please outline the circumstances that may have already affected your academic performance, particularly during your final school year. These circumstances could include such things as: disability, personal illness, required employment, financial circumstances, family illness or other family matters. It is important to note dates and times as the Admissions Committee will review the circumstance in relation to your academic work and its effect on major projects, exams, or regular class work. Failure to submit complete documentation may result in a delay in the decision or a negative decision by the Admissions Committee.

QUESTION 1B:

Please describe in detail how you are managing your situation or how it has been resolved.

QUESTION 1C:

Please indicate if you will be taking additional courses for the purposes of upgrading your average. If so, indicate the courses you will be taking and the date by which they will be completed.

QUESTION 2:

Indicate the program you plan to study at Huron and how it relates to your long-range personal goals.

My signature indicates that all responses are factual and were prepared entirely by me.

Signature: _____ Date: _____

Please submit your completed form to admissions@huron.uwo.ca. If you have any questions regarding the completion of this form, please contact our Admissions Office at 519-438-7225.