



## SPECIAL CONSIDERATION PROFILE

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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 thus far and/or may impact your final grades. 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 and considered only when submitted *prior* to the completion of your current studies.

The submission deadlines are as follows: **June 15th** (Fall applicants) and **November 15th** (Winter applicants).

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](mailto:admissions@huron.uwo.ca). If you have any questions regarding the completion of this form, please contact our Admissions Office at 519-438-7225.