



APPLICATION FOR DEFERRED EXAMINATION

Name: (Last Name) (Given Name)

Student#: Year & Program:

Address: City & Postal Code:

Email Address: Telephone#:

For Courses Taken in: Fall Winter Summer

Table with 5 columns: Course Code, Section, CRN, Original Exam Date & Time, Instructor

Reason for Deferral Request Medical Compassionate
A deferred exam is not guaranteed until documentation is complete.

Was this examination deferred previously (re-deferral)? Yes No
Was the examination written on the originally scheduled date (retroactive deferral)? Yes No
Do you have any outstanding term work requirements in the course(s)? Yes No
If yes, have you made arrangements with your instructor(s)? Yes No
Please note that if it is not mathematically possible for you to pass the course(s), a deferral examination may be denied.
Will the course(s) complete the degree requirements? Yes No

The earliest date you will be able to write the examination? (as supported by documentation)

It is the Student's responsibility to:
Contact the instructor(s) or department head(s) immediately to determine when the deferred examination will be scheduled.
Official confirmation of the date of the deferred examination will be sent to you after the final approval.
Discuss any examination format or content changes with your instructor between the original writing and the deferred examination.

THIS SECTION IS TO BE COMPLETED BY THE ACADEMIC ADVISOR

Should you not receive your official notice of examination by, please contact the Clayton H. Riddell Faculty of Environment, Earth, and Resources Dean's Office immediately.

Comments:

Advisor's Signature: Date: