

**The University of Manitoba  
FACULTY OF ARTS**

Fall Term – 20 \_\_\_\_ Winter Term- 20 \_\_\_\_ Summer Term - 20 \_\_\_\_ Correspondence \_\_\_\_

**APPLICATION FOR DEFERRED EXAMINATION(S)**

<b>NAME:</b>		<b>STUDENT NO.:</b>		
<b>ADDRESS:</b>				
<b>CITY:</b>		<b>PROVINCE:</b>		<b>POSTAL CODE:</b>
<b>FACULTY:</b>	<b>PHONE#</b> (home): _____ (work): _____		<b>EMAIL:</b>	
<b>COURSE(S)</b>				
COURSE (subject and number)	Lecture Section	CRN #	DATE EXAMINATION SCHEDULED	INSTRUCTOR

**Answer the following questions:**

1. Did you write the above exam(s) on the originally scheduled date? Yes \_\_\_ No \_\_\_
2. Do you have any outstanding term work requirements in the above noted course(s)? Yes \_\_\_ No \_\_\_  
If **yes**, provide details of outstanding work on page 2 of this form.
3. Is it mathematically possible for you to pass the above noted course(s) if a deferred exam is granted? Yes \_\_\_ No \_\_\_
4. Are you able to write this exam anytime? Yes \_\_\_ No \_\_\_
5. If **NO**, then indicate when you are able to write. \_\_\_\_\_
6. Do you expect to graduate within the next 12 months? If so, select one of the following:  
February \_\_\_\_\_ May \_\_\_\_\_ October \_\_\_\_\_

<b>REASON FOR REQUEST OF A DEFERRED EXAM(S) (CHECK ONE)</b>	
<b>MEDICAL</b> ___	Medical Certificate Attached: ___ Date: _____
<b>OTHER</b> ___	If for other reason(s), provide detail(s) on reverse side of this form

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

Statement of Purpose: This personal information is being collected under the authority of the University of Manitoba Act and will be used to obtain information related to the student's request for deferred examination(s), and to assess whether deferred examination(s) should be granted. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the FIPPA Coordinator's Office (204) 474-8339, c/o Archives and Special Collections, 331 Dafoe Library, University of Manitoba, R3T 2N2.

<b>THE PORTION BELOW TO BE COMPLETED BY THE DEAN'S REPRESENTATIVE</b>	
<b>COMMENTS:</b>	
_____	_____
(Date)	(Signature of Dean's Representative)

