



THIS SECTION TO BE COMPLETED BY THE DEAN'S/DIRECTOR'S OFFICE OF THE STUDENT'S FACULTY/SCHOOL UPON RECEIPT OF A MEDICAL CERTIFICATE OR OTHER ACCEPTABLE EVIDENCE OF STUDENT'S INABILITY TO SIT FOR THE EXAMINATION. COMPLETE ONE FORM FOR EACH DEFERRED EXAMINATION GRANTED.

FALL TERM -20 \_\_\_\_\_ WINTER TERM -20 \_\_\_\_\_ SUMMER TERM -20 \_\_\_\_\_ CORRESPONDENCE

FACULTY	PROGRAM	MAJOR	STUDENT NUMBER
NAME	PHONE		
CURRENT ADDRESS			
CITY PROVINCE			
POSTAL CODE	ENTER TWO CRN'S IF THIS IS A SPANNED COURSE CRN		
SUBJ. CODE	COURSE NO.	SECTION NUMBER	
INSTRUCTOR	DEPARTMENT		

DEFERRED EXAMINATION PRIVILEGE GRANTED FOR FOLLOWING REASON: (CHECK ONE ONLY) MEDICAL  COMPASSIONATE

WAS EXAMINATION DEFERRED PREVIOUSLY?  YES  NO WILL THIS COURSE COMPLETE DEGREE REQUIREMENTS?  YES  NO

WHAT IS THE EARLIEST DATE THE STUDENT WILL BE ABLE TO WRITE THE EXAMINATION? \_\_\_\_\_  
MONTH / DAY / YEAR

THIS IS ONE OF \_\_\_\_\_ DEFERRED EXAMS. DATE \_\_\_\_\_ SIGNATURE OF DEAN'S/DIRECTORS REPRESENTATIVE \_\_\_\_\_  
MONTH / DAY / YEAR

RETAIN DEAN'S/DIRECTOR'S COPY 3 AND FORWARD 1,2,4,& 5 TO HEAD OF DEPARTMENT OFFERING THE COURSE

THIS SECTION TO BE COMPLETED BY THE HEAD OF DEPARTMENT WHO WILL ELECT ONE OF THE FOLLOWING ALTERNATIVES.

THE STUDENT WILL:

- WRITE AN EXAMINATION DURING A REGULAR EXAM SERIES  
SPECIFY EXAM SERIES:  DECEMBER  APRIL  SUMMER
- WRITE AN EXAMINATION OF  1  2 OR  3 HOURS DURATION, TO BE ARRANGED BY THE DEPARTMENT  
A) EXAM TO BE WRITTEN \_\_\_\_\_ LOCATION \_\_\_\_\_ TIME \_\_\_\_\_ A.M. / P.M.  
OR MONTH / DAY / YEAR BUILDING ROOM NO.  
B) STUDENT TO CONTACT INSTRUCTOR AND/OR DEPARTMENT AS SOON AS POSSIBLE TO ARRANGE FOR AN EXAMINATION TO BE WRITTEN NO LATER THAN \_\_\_\_\_ 20\_\_\_\_\_  
MONTH DAY
- BE GRANTED STANDING IN THE COURSE WITH A GRADE OF \_\_\_\_\_ THE DEPARTMENTS BEING SATISFIED THAT THERE IS A REASONABLE ASSURANCE THAT IF THE STUDENT HAD WRITTEN THE FINAL EXAMINATION THIS GRADE WOULD HAVE BEEN ACHIEVED. IF THE STUDENT FINDS THIS UNACCEPTABLE, #1 OR #2 MAY BE ELECTED BY CONTACTING THE DEPARTMENT WITHIN 21 DAYS FROM DATE THIS FORM IS MAILED TO THE STUDENT.

DATE: \_\_\_\_\_ SIGNATURE OF HEAD OF DEPARTMENT: \_\_\_\_\_  
MONTH / DAY / YEAR

RETAIN COPIES 2 & 4 FORWARD 1 & 5 TO ABOVE DEAN'S/DIRECTOR'S REPRESENTATIVES

THIS SECTION TO BE COMPLETED BY THE DEAN'S/DIRECTOR'S OFFICE OF THE STUDENT'S FACULTY/SCHOOL TO ACKNOWLEDGE THE DEPARTMENTS DECISION.

DATE: \_\_\_\_\_ SIGNATURE OF DEAN'S/DIRECTORS REPRESENTATIVE: \_\_\_\_\_  
MONTH / DAY / YEAR

FORWARD COPIES 1 & 5 TO THE REGISTRAR'S OFFICE

THIS SECTION TO BE COMPLETED BY THE REGISTRAR'S OFFICE

DATE RECEIVED \_\_\_\_\_ 20\_\_\_\_ COPY 5 MAILED TO STUDENT \_\_\_\_\_ 20\_\_\_\_ INITIALS \_\_\_\_\_

COMMENTS: \_\_\_\_\_

RETAIN COPY 1 AND FORWARD COPY 5 AND RELEVANT INFORMATION TO STUDENT