

## The Faculty of Arts – University of Manitoba Application for Deferred Examination(s)

<b>Name:</b> <small>Last name                      Given names</small>		<b>Student #:</b>
<b>Address:</b>	<b>City and Province:</b>	<b>Postal Code:</b>
<b>Primary phone number:</b>	<b>Alternate phone number:</b>	<b>UM email:</b>

For courses taken:  Fall 20\_\_  Winter 20\_\_  Summer 20\_\_  Other: \_\_\_\_\_

Reason for Request:  Medical       Compassionate       Other : \_\_\_\_\_

Course (e.g. BIOL 1020)	Lecture Section (e.g. A01)	CRN (#####)	Date and Time Exam Scheduled	Instructor

Was this examination deferred previously? **Re-Deferral** Yes  No

Did you write the exam on the originally scheduled date? Yes  No

Do you have any outstanding term work requirements in the above noted course(s)? Yes  No

If yes, have you made arrangements with your instructor(s) for completion of the term work? Yes  No

\*Note that if it is not mathematically possible for you to pass the course(s), a deferred examination will be denied.

Will you be booking this/these exam(s) through Student Accessibility Services? Yes  No

If yes please provide the name of your S.A.S. Advisor: \_\_\_\_\_

Will you be booking this/these exam(s) through Off Campus Examinations? Yes  No

Earliest date that the examination can be written; as per documentation: \_\_\_\_\_

- I am aware of my responsibility for any change in course content and/or examination format between now and the date of the deferred examination.
- I am aware that I could be removed from courses in an upcoming term that require this/these course(s) as a prerequisite if the minimum grade is not met after writing my deferred exam.
- It is my responsibility to ensure that a grade from a deferred exam will meet the deadline for any programs where I have an application in progress.
- I understand that The Faculty of Arts may verify the authenticity of my documentation.
- It is my responsibility to be aware of, and available for, the examination as determined by the department.

Deferral date already scheduled for: \_\_\_\_\_

Student to contact the Department for deferral date: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notice Regarding Collection, Use, and Disclosure of Personal Information and Personal Health Information by the University**

Your personal information and personal health information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of determining your eligibility for deferred exam(s), coordinating your deferred exam with a department, SAS or off-campus invigilator (if applicable) and for communication. Your personal information and personal health information will not be used or disclosed for other purposes, unless permitted by *The Personal Health Information Act (PHIA)* or *The Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have any questions about the collection of your personal information or personal health information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

THIS SECTION TO BE COMPLETED BY FACULTY OF ARTS ACADEMIC ADVISOR

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Copy given to student

Approved  Denied  Reason: \_\_\_\_\_

**Explanation of Deferral Request:**

**Additional Advisor Comments:**

**\*\*\*A Deferred Exam is not granted unless documentation is complete. (Letter and/or Certificate attached)\*\*\***