

University 1

Winter 2024 Application for Deferred Exam(s)

Name: LAST NAME FIRST NAME Student #: _____
Phone number: _____ UM e-mail: _____@myumanitoba.ca
Reason for Request: **Medical** **Compassionate** **Other:** _____
Explanation of Deferral Request: _____

Deferral Request(s):

Note: This information is available in Aurora under Enrolment & Academic Records → Registration & Exams → My Exams.

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

Was this exam previously deferred? 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

**If it is not mathematically possible for you to pass the course(s), a deferred exam may 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: _____

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

Please check to confirm that you have read the information below. If you do not understand your responsibilities around deferral of your exams, you must contact an Academic Advisor in the First Year Centre.

1. 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.
2. 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.
3. 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.
4. It is my responsibility to be available for the deferred examination as scheduled by the department.

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.

Advisor use only:

If applicable, earliest date the deferred exam(s) can be written:

Comments: