

Extended Education, General Studies, University of Manitoba
Application for Deferred Examinations(s) – please answer ALL questions below

Name (Last Name, Given Name):	Student #:
Phone Number:	UM email:

I am requesting deferred exam(s) for courses taken in: ☐ Fall 20____; ☐ Winter 20____; ☐ Summer 20____

Reason for Request: ☐ Medical ☐ Compassionate ☐ Other: _____

- Please review the attached **Self-Declaration for Brief & Temporary Absences**, a new policy effective September 2022. **Complete the attached Self-Declaration Form and return to general.studies@umanitoba.ca along with your Application for Deferred Examination(s).**

Course (e.g., BIOL 1020)	Lecture Section: (e.g., A01)	CRN (xxxxx)	Original Exam Date	Instructor

Was this exam 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 course(s)? Yes ☐ No ☐

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

*Note: if it is not mathematically possible for you to pass the course(s), the deferred exam request will be denied.

Will you be booking the exam(s) through Student Accessibility Services? Yes ☐ No ☐

- If yes, please provide the name of your SAS Advisor: _____

Are you an off-campus student & signed up with Examity? _____ Yes ☐ No ☐

Indicate the earliest date you will be available to write the deferral (as per documentation): _____

<ul style="list-style-type: none"> • I am aware of my responsibility for any change in course content and/or examination format between now and the date of the deferred exam.
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • It is my responsibility to be aware of, and available for, the examination as determined by the department.
Deferral date already scheduled for: _____
Student's Signature: _____ Date: _____

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 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.

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