

STUDENT SERVICES

Request for Deferred Examination

Detailed information on deferred examinations is given in the [UM Final Examinations and Final Grades Policy](#).

Medical (must provide medical certificate indicating period of illness or disability)

Other (must provide appropriate documentation certifying the reason)

THIS SECTION TO BE COMPLETED BY THE STUDENT

Student Last Name: _____ First (Given) Name: _____
Student Number: _____ Date of Birth (yy/mm/dd): _____
Course Name: _____
Subject Code: _____ Course Number: _____
Section Number: _____ CRN: _____
Course taken in: Fall 20 Winter 20 Summer 20
 Part-time studies Full-time studies
Instructor Name: _____
Reason for Request: _____

Signature: _____ Date: _____

Your request to write the deferred examination must be sent to our office at least forty-eight (48) hours following the regularly scheduled examination. Supporting documentation may be required. The request should be sent to the attention of Student and Information Services, Room 185, Extended Education Complex, The University of Manitoba, Winnipeg, MB R3T 2N2. Fax to: 204-272-1626.

Your personal 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 processing your request for a deferred examination. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal 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 THE PROGRAM COORDINATOR

Deferred Examination has been: Approved Denied
Type of Examination: Open Book Closed Book Online Exceptions:
Length of Examination: Date Scheduled:
Time:
Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED AND THE STUDENT'S RECORD UPDATED BY STUDENT SERVICES

Comments:

Signature: _____ Date: _____