

# STUDENT SERVICES

## Request for Deferred Examination

Detailed Information on deferred examinations can be found 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 Services, Room 185, Extended Education Complex, The University of Manitoba, Winnipeg, MB R3T 2N2.

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: \_\_\_\_\_