

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: _____

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 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.

Explanation of Deferral Request: