

General Studies

APPLICATION FOR DEFERRED EXAMINATION(S)

please answer ALL questions below

STUDENT INFORMATION

Name: _____ Student #: _____
(Last Name, Given Name)

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
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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 termwork? 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):

- 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.
- 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.
- 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.
- 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: _____

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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: