

APPLICATION FOR DEFERRAL

This form must be submitted in-person to the Associate Dean, Academic



Name:		Student #
Last Name:	Given Name:	
Address:		Postal Code:
Phone Home:	Cell:	University email @

Course name and number	Section	CRN	Date exam scheduled	Instructor

Reason for Deferral Request: **Medical** (*Doctor must complete Verification of Student Illness or Injury*) **Religious obligation or University athletic event** **Compassionate** **Rescheduled** (*conflict of exams or 3 in a row or four successive days*)

Did you write the exam on the originally scheduled date? *Retroactive Deferral* Yes No

Do you have any outstanding term work requirements in the above noted course(s)? Yes No

Do you plan to graduate this term? Yes No

Have you ever deferred exams in this faculty? Yes No

You are required to write on (*to be filled out by Associate Dean*) _____
Month/ Date/ Year

Student responsibility to:

After the Application for Deferred Examination has been approved, students must check with Rosa Muller, Student Advisor immediately to determine when they will write the deferred exam, unless the deferral time is advised at the point of approval.

Student must provide detailed reasons for the deferral include as much information as necessary to substantiate your claim. For example dates, names of persons involved and phone numbers.

The basis of my request for a deferral is:

- I acknowledge that I may be writing in a room without a clock.
- I acknowledge that, in most cases, I will be writing in a room with other students.
- I acknowledge that I may not be writing the same exam.
- I acknowledge that I will not discuss the exam with anyone.
- I understand that to make a false declaration or to breach this undertaking is to commit a serious academic offense and would constitute academic dishonesty.

Signing the Application for Deferred Examination form indicates that the student read and understood the conditions of the deferral privilege.

Student's signature _____
Date

To be completed by the Associate Dean:

I approve this request and I do not approve this request

Comments:

Authorized Signature _____
Date