Memorial University of Newfoundland
The Department of English

APPLICATION FOR DEFERRED EXAMINATION

TO BE SUBMITTED WITHIN ONE WEEK OF THE DATE OF THE EXAMINATION

NAME: ________________________ STUDENT NUMBER: ________________________

STREET: ________________________ SEMESTER: ________________________

CITY: ________________________ FACULTY: ________________________

PROV: ________________________ POSTAL CODE: ________________________ TELEPHONE: ________________________

EMAIL: ________________________

COURSE(S) FOR WHICH APPLICATION IS MADE

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Section</th>
<th>Time Slot</th>
<th>Instructor</th>
<th>Hours of Exam</th>
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REASON(S) FOR DEFERRAL

_____ Medical (attach appropriate documents)

_____ Bereavement (attach appropriate documents)

_____ University Policy of 3 exams in 24 hours

(List exams, date, and times)

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

* MIDDLE EXAM MUST BE DEFERRED

_____ Other (specify and attach appropriate document(s))

______________________________________________________________

NOTE: This is an application only. You will be notified if you are eligible for a deferred exam.

__________________________________ DATE __________________________

__________________________________ SIGNATURE OF APPLICANT __________________

______ Eligible ____________ Ineligible ____________ Request Documents

Date: __________ Approved By: ________________________ Instructor

Date: __________ Approved By: ________________________ Head of Department

TIME AND DATE OF DEFERRED EXAMINATION(S):

<table>
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COMMENTS: ________________________________________________________________

Original: Department Copy 2: Student Copy 3: Instructor