MEMORIAL UNIVERSITY OF NEWFOUNDLAND
Faculty of Humanities and Social Sciences
REQUEST FOR DEFERRED EXAMINATION
(To be submitted to the appropriate Department within one week of the date of the examination)

NAME:______________________  STUDENT #:________________________
SEMESTER:__________________  DATE TODAY:_______________________

(The student is responsible for providing MUN with a reachable address!)

LOCAL ADDRESS:_____________________________________________________
PERMANENT ADDRESS END OF SEMESTER:_________________________________

LOCAL EMAIL ADDRESS & TELEPHONE:______________________________
PERMANENT EMAIL ADDR & TEL. #:______________________________

I AM REQUESTING A DEFERRED FINAL EXAMINATION IN THE FOLLOWING COURSE(S):

<table>
<thead>
<tr>
<th>DEPT.</th>
<th>COURSE</th>
<th>SECTION</th>
<th>SLOT</th>
<th>INSTRUCTOR</th>
<th>MUN’S TIME FOR THIS EXAM IS/ WAS</th>
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MY REASON FOR DEFERRAL:

☐ Medical (attach appropriate documents)
☐ Bereavement (attach appropriate documents)
☐ University Policy of 3 exams in a STRICT 24 hour with rule that “middle exam must be the one deferred”. (not 25 or 26 hours, etc.)
☐ Other (Specify and attach appropriate documents)_________________________________

NOTE: This is an application only. You are responsible for calling the Departmental Office for the decision of your request for a deferred exam. Deferred exams are held under the mandate of the Department. If such exams are granted, they may be held at any time, convenient for the Professor and the Department, from the start of the exam period until the end of the first week of classes of the next semester. Students should not assume that deferred exams will be held in the following semester.

_________________________________  ___________________________________
Date                                    Applicant’s Signature
(I have read and understood this form and have asked for a photocopy)
MEMORIAL UNIVERSITY OF NEWFOUNDLAND
Faculty of Humanities and Social Sciences
REQUEST FOR DEFERRED EXAMINATION

NAME:__________________________ STUDENT #:________________________
SEMESTER:______________________ DATE TODAY:_______________________

☐ YES THIS STUDENT **IS ELIGIBLE** FOR A DEFERRED

☐ NO THIS STUDENT **IS NOT ELIGIBLE** FOR A DEFERRED

☐ HOLD - NEED MORE DOCUMENTATION; GET __________________________

DATE: ___________________________ SIGNED: ___________________________
        HEAD OF DEFERRED COMMITTEE

TIME AND DATE OF DEFERRED FINAL EXAMINATION(S):

<table>
<thead>
<tr>
<th>COURSE</th>
<th>TIME</th>
<th>DATE</th>
<th>PLACE</th>
<th>DATE STUDENT NOTIFIED</th>
<th>METHOD OF NOTIFIC.</th>
<th>DATE INSTRUCTOR NOTIFIED</th>
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<th>OFFICE STAFF COMMENTS:</th>
<th>DATES WE PHONED THE STUDENT:</th>
<th>DATES WE CONTACTED THE STUDENT:</th>
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