DEPARTMENT OF MATHEMATICS AND STATISTICS, MEMORIAL UNIVERSITY
APPLICATION FOR DEFERRED EXAMINATION

Name: ___________________________ Student ID: ___________________________

Email: ___________________________ @mun.ca City, Province: ___________________________

Course Information

<table>
<thead>
<tr>
<th>Course</th>
<th>Section</th>
<th>Instructor</th>
<th>Original Date &amp; Time of Exam</th>
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Reason for Deferral

☐ Medical ☐ Bereavement ☐ 3 exams in 24 hours
☐ Other (specify): __________________________________________________________

Please indicate if services are required from CITL or the Blundon Centre.

☐ I am in MATH 1000-081 or MATH 1090-081, but I would like to write my exam at the St. John’s campus. (Online students who write on campus do not need to submit the CITL deferred exam form.)

☐ This is an online course and I am unable to write my exam at the St. John’s campus.

☐ I am registered with the Blundon Centre and I want the Blundon centre to facilitate my exam. Send approval of my deferred exam to blundon@mun.ca. I understand I must contact the Blundon Centre myself to schedule my exam.

Both statements below must be agreed upon to complete your application.

☐ I understand that the result of my application will be sent to my @mun.ca email account.

☐ I have read and understood the terms and conditions on page 2 of this application form. If I do not receive a response within one week of submitting this application, I will contact mathugrad@mun.ca.

Date: ___________________________ Signature: ___________________________
Policy regarding deferred examination is outlined in the University Calendar, Section 6.8.2 of the University Regulations, “Exemptions from Final Examinations and Procedures for Applying to Write Deferred Final Examinations”.

INFORMATION REQUIRED FOR MEDICAL NOTES:

Students who request permission to have examinations deferred based on medical grounds are required by the University to produce a note from a physician in support of their request. Such notes must be sufficient to allow proper consideration of the student’s case. Students should provide the health professional with a copy of the Student Medical Certificate, available from http://www.mun.ca/regoff/forms.php.

Confidentiality:

Memorial University protects your privacy and maintains the confidentiality of your personal information, the information requested on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used for the purpose of processing your application for a deferred examination(s) and for administrative purposes. Questions about this collection and use of personal information may be directed to the Department of Mathematics and Statistics at (709) 864-8783.

INFORMATION REQUIRED FOR BEREAVEMENT:

Students who request permission to have examinations deferred based on bereavement are required to produce documentation from the clergy, funeral director, or government official. Such documentation must indicate the relationship between the bereaved and the deceased.

INFORMATION REQUIRED FOR 3 EXAMS IN 24 HOURS:

Only the middle of the three exams may be deferred. Please note that the three exams must start and finish in 24 hours (not 26). For example, if a student has the first exam from 9-11 a.m. and the third exam from 9-11 a.m., this is a case of three exams in 26 hours – the first exam starts at 9:00 and the third exam ends at 11:00. The third exam has to have begun before the 24hr period from the start of the first exam expires.

DUE DATES OF THIS APPLICATION

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<tr>
<th>Reason</th>
<th>Application Due Date</th>
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<tr>
<td>3 exams in 24 hrs or Other</td>
<td>ASAP and prior to the start of the second last week of classes when possible</td>
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<tr>
<td>Bereavement or Medical</td>
<td>Notification of application within 48hrs of the end of the scheduled exam, with full application and supporting documentation submitted within one week of the original date of the exam.</td>
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