

MEMORIAL UNIVERSITY OF NEWFOUNDLAND
DEPARTMENT OF PHYSICS AND PHYSICAL OCEANOGRAPHY

APPLICATION FOR A DEFERRED EXAMINATION

SURNAME: _____

GIVEN NAMES: _____

MUN NUMBER: _____

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

POSTAL CODE: _____ TELEPHONE: _____

COURSE: _____ INSTRUCTOR: _____

Give FULL details below stating the grounds for your request for a Deferred Examination.
ATTACH any necessary supporting documentation such as medical certificates, etc.

SIGNATURE: _____ DATE: _____

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 Administrative Officer, Department of Physics and Physical Oceanography at (709)737-8737.