



FACULTY OF SCIENCE

Access to Information and Protection of Privacy - The information 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. If you have any questions about the collection and use of this information contact your department.

## Application for Deferred Exam

1. This form is for the purpose of requesting permission to have a final examination deferred or to have the course graded based on the work completed.
2. Once this form is completed a copy must be provided to **EACH** academic department in the Faculty of Science for which the request is being made.
3. You should retain a copy of this form for your records.
4. Refer to University Regulations on [Exemptions from Final Examinations and Procedures for Applying to Write Deferred Final Examinations](#), for information regarding necessary supporting documents. Note that an application is not considered complete until the supporting documents have been received by the academic department(s) for which the request is being made.

--	--	--	--	--	--	--	--	--	--

Student Number

Last Name

First Name

@mun.ca

@mun e-mail where the department(s) can contact you regarding the results of this application

<input type="checkbox"/>	Fall 20	_____
<input type="checkbox"/>	Winter 20	_____
<input type="checkbox"/>	Spring 20	_____

Subject	Number	Section	Name of Instructor (Please Print)	Date and time of exam (Please print)

Reason for request: Medical \_\_\_\_\_ Bereavement \_\_\_\_\_ Three exams in 24 hours \_\_\_\_\_  
 Other reason \_\_\_\_\_

Nature of request:

- Deferred exam
- Deferred exam written at Blundon Centre (students registered with Blundon Centre only)
- Deferred exam written online (students originally scheduled to write online)
- Course grade on work completed

FOR OFFICE USE ONLY	
Date received	
Date supporting documents received	
Approved	Yes _____ No _____
Signature of Head or Delegate	