



DEPARTMENT OF ECONOMICS, MEMORIAL UNIVERSITY OF NEWFOUNDLAND

REQUEST FOR DEFERRED EXAMINATION

(To be submitted within one week of the date of the examination)

NAME: _____
SEMESTER: _____

STUDENT #: _____
DATE: _____

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

| | |
|---------------------------------|------------------------------------|
| LOCAL ADDRESS NOW: | PERMANENT ADDRESS END OF SEMESTER: |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| LOCAL EMAIL ADDRESS & TELEPHONE | PERMANENT EMAIL ADD & TEL. # |
| _____ | _____ |
| _____ | _____ |

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

| DEPT. | COURSE | SECTION | NAME OF INSTRUCTOR | DATE AND TIME OF EXAM |
|-------|--------|---------|--------------------|-----------------------|
| ECON | | | | |
| ECON | | | | |

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 Economics Office at 864-8248 to find out the decision of your request for a deferred exam. Remember: 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 Economics Dept., from the start of the exam period until the end of the first week of classes of the next semester. Since the exam may be held before the scheduled examination, students are also responsible to contact, within 24 hours of the deferred exam approval, their professor in the course in which the deferred exam is granted. 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)

Student not to write on this side.

OFFICE USE ONLY

DEPARTMENT OF ECONOMICS, MEMORIAL UNIVERSITY OF NEWFOUNDLAND

REQUEST FOR DEFERRED EXAMINATION

NAME: _____

STUDENT #: _____

SEMESTER: _____

DATE TODAY: _____

| | |
|--------------------------|--|
| <input type="checkbox"/> | YES THIS STUDENT <i><u>IS ELIGIBLE</u></i> FOR A DEFERRED |
| <input type="checkbox"/> | NO THIS STUDENT IS NOT ELIGIBLE FOR A DEFERRED |
| <input type="checkbox"/> | HOLD - NEED MORE DOCUMENTATION; GET _____ |
| DATE: _____ | SIGNED: _____ HEAD OF DEFERRED COMMITTEE |

TIME AND DATE OF DEFERRED FINAL EXAMINATION(S):

| COURSE | TIME | DATE | PLACE | DATE STUDENT NOTIFIEDED | METHOD OF NOTIFIC. | DATE INSTRUCTOR NOTIFIED |
|--------|------|------|-------|-------------------------|--------------------|--------------------------|
| | | | | | | |
| | | | | | | |

| OFFICE STAFF COMMENTS: | DATES WE PHONED THE STUDENT: | DATES WE CONTACTED THE STUDENT: |
|------------------------|------------------------------|---------------------------------|
| | | |
| | | |