



**FACULTY OF EDUCATION  
APPLICATION FOR DEFERRED FINAL EXAMINATION**

Students are advised to read the University Calendar– General Academic Regulation "6.7.3" for Final Examinations and Evaluations. A copy of this form stating eligibility may be picked up in ED2020 or sent to the address below.

Pick up

Mail

**IT IS THE STUDENTS' RESPONSIBILITY TO CHECK WITH THE FACULTY OF EDUCATION IF NO REPLY IS RECEIVED WITHIN ONE WEEK.**

Name: _____	Student No.: _____
Address: _____	Phone No.: _____
_____	E-mail: _____

**EDUCATION COURSE(S) FOR WHICH APPLICATION IS BEING MADE**

Course No.	Section	Instructor	Date & Time of Exam

If approved, will you require extended access to D2L for the course(s):      Yes    No

**REASON(S):** *(Please check the appropriate section and attach appropriate documentation.)*

- Medical
- Bereavement
- 3 exams in 24 hours (University policy – must be middle exam being deferred. List all three exams with the dates and times. Please note that the three exams must start and finish within 24 hours.)
- Other *(please specify)*

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**NOTES:**

- In the case of three examinations within 24 hours, arrangements must be made in advance of the final examination.
- In other categories, application must be received in the Faculty within one week of the original date of the examination.
- THIS IS AN APPLICATION FORM ONLY.** A decision will be made within one week of receipt of a properly documented application.

**FOR FACULTY OF EDUCATION USE ONLY**

ELIGIBLE            MORE DOCUMENTATION REQUIRED            NOT ELIGIBLE

Signature for Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

**TIME AND PLACE OF DEFERRED EXAMINATION(S):**

If approved, please contact your professor to schedule a time (within the applicable deadline) to write the deferred examination.

Memorial University protects your privacy and maintains the confidentiality of your personal information. The information requested on this form was 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 deferred examination in the Faculty of Education and for administrative purposes. If you have any questions concerning the collection and use of this personal information, please contact Ms. Judith Mellor at (709) 864-7554.

**Please submit (in confidence) to:**  
 Office of Undergraduate Programs, Faculty of Education, ED2020  
 Memorial University of Newfoundland, St. John's, NL A1B 3X8  
 E-mail: bearle@mun.ca   Fax: 709-864-2001