

**Memorial University of Newfoundland and Labrador**

**The Department of English**

**APPLICATION FOR DEFERRED EXAMINATION**

**TO BE SUBMITTED WITHIN ONE WEEK OF THE DATE OF THE EXAMINATION**

**NAME:** \_\_\_\_\_ **STUDENT NUMBER:** \_\_\_\_\_

**STREET:** \_\_\_\_\_ **SEMESTER:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **FACULTY:** \_\_\_\_\_

**PROV:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **D2L NOTES:** \_\_\_\_\_

**ENGLISH COURSE(S) FOR WHICH APPLICATION IS MADE**

Course Number	Section	Time Slot	Instructor	Hours of Exam

**REASON(S) FOR DEFERRAL**

\_\_\_\_\_ **Medical** (attach appropriate documents)

\_\_\_\_\_ **Bereavement** (attach appropriate documents)

\_\_\_\_\_ **University Policy of 3 exams in 24 hours** 1. \_\_\_\_\_

(List exams, date, and times) 2. \_\_\_\_\_

**\*MIDDLE EXAM MUST BE DEFERRED** 3. \_\_\_\_\_

\_\_\_\_\_ **Other** (specify and attach appropriate document(s)) 4. \_\_\_\_\_

**NOTE:** This is an application only. You will be notified if you are eligible for a deferred exam.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **SIGNATURE OF APPLICANT**

_____ <b>Eligible</b>	_____ <b>Ineligible</b>	_____ <b>Request Documents</b>	
<b>Date:</b> _____	<b>Approved By:</b> _____ <b>Instructor</b>		
<b>Date:</b> _____	<b>Approved By:</b> _____ <b>Head of Department</b>		
<b>TIME AND DATE OF DEFERRED EXAMINATION(S)</b>			
<b>Course Number</b>	<b>Time</b>	<b>Date</b>	<b>Place</b>
_____	_____	_____	_____
<b>COMMENTS:</b> _____			

<https://www.mun.ca/english/programs/undergraduate/>

**Original: Department Copy: Student Copy: Instructor**