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

			Γ NUMBER:	
STREET:			SEMEST	TER:
CITY:		F A	ACULTY:	
PROV: PO	STAL CODE: _	TELEPHONE:		
EMAIL:		D2L NOTES:		
ENGLISH COURSE	(S) FOR WHICH	H APPLICATIO	ON IS MADE	
Course Number	Section	Time Slot	Instructor	Hours of Exam
REASON(S) FOR D	EFERRAL			
Medical (atta	ch appropriate d	ocuments)		
Bereavement	(attach appropri	iate documents)		
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https://www.mun.ca/english/programs/undergraduate/

Original: Department Copy: Student Copy: Instructor