

MEMORIAL UNIVERSITY OF NEWFOUNDLAND
Faculty of Humanities and Social Sciences
REQUEST FOR DEFERRED EXAMINATION

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

NAME: _____
SEMESTER: _____

STUDENT #: _____
DATE TODAY: _____

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

LOCAL ADDRESS: _____ _____ _____ _____ _____	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	SLOT	INSTRUCTOR	MUN'S TIME FOR THIS EXAM IS/ WAS

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 Departmental Office for the decision of your request for a deferred exam. 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 Department, from the start of the exam period until the end of the first week of classes of the next semester. 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

MEMORIAL UNIVERSITY OF NEWFOUNDLAND

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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: