

Memorial University

Department of Modern Languages, Literatures and Cultures

APPLICATION FOR DEFERRED EXAMINATION

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

Name _____
 Street _____
 City _____
 Prov. _____ Postal Code _____

Student Number _____
 Semester _____
 Faculty _____
 Telephone _____
 E-Mail _____

COURSE(S) FOR WHICH APPLICATION IS BEING MADE:					
Course	Course Number	Section	Instructor	Portion of Assessment Requiring Deferral	
				Written Exam	Dictation/ Comprehension

Reason(s) for Deferral

_____ Medical (attach appropriate documents)

_____ Bereavement (attach appropriate documents)

_____ University Policy of 3 exams in 24 hours
 (List all exams, dates and times)

1. _____
2. _____
3. _____
4. _____
5. _____

_____ Other (Specify and attached appropriate documents) _____

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

 Date

 Signature of Applicant

OFFICE USE ONLY

_____ Eligible	_____ Ineligible	_____ Request Documents
Date: _____	Seen by: _____ Instructor	
Date: _____	Approved by: _____ Head, Dept. of Modern Languages, Literatures and Cultures	