



School of Pharmacy

APPLICATION FOR SUPPLEMENTARY FINAL EXAMINATION

Name: _____ Student Number: _____

MUN e-mail: _____ Semester (Term & Year): _____

Table with 4 columns: Course Number, Course Name, Course Coordinator, Final Grade Received. Header: Course for which application is being made (a separate application is required for each request)

Comments: _____

Processing of Application:

- 1. Student submits application to the Associate Dean, School of Pharmacy. (Application must be made within 48 hours following release of the final course grade).
2. Application will be considered by the Associate Dean in consultation with the Course Coordinator.
3. Student will be informed of the decision on the application via email as soon as one is rendered.
4. A copy of the application form and decision will be forwarded to the Manager of Academic Programs to be placed in the student file and on the student record.

For Office Use Only

Request Approved Request Denied Additional Documents Requested

Comments: _____

Date: _____ Associate Dean, School of Pharmacy

Date: _____ Course Coordinator

TIME AND DATE OF SUPPLEMENTARY EXAMINATION, (if approved)

Date: _____ Time: _____ Location: _____

Memorial University protects your privacy and maintains the confidentiality of your personal information. The information requested on this form is 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 a deferred examination(s) and for administrative purposes.