



School of Pharmacy
Application for Deferred FINAL Examination

Name: Student Number:

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

Application for Deferred Final Exam []

Table with 4 columns: Course Number, Course Name, Course Coordinator, Date of Scheduled Exam. Header: Course for which application is being made (a separate form is required for each request)

Reason for Request:

Two horizontal lines for entering the reason for request.

If absence is due to medical reasons, the Student Health Certificate must be completed by the attending physician

Processing of Application:

- 1. Student submits application along with appropriate supporting documentation...
2. Application will be considered by the Associate Dean and the Course Coordinator.
3. Student will be informed of the decision on the application via email.
4. A copy of the application and the decision will be forwarded to the Manager of Academic Programs...

For Office Use Only

Request Approved Request Denied Additional Documents Requested
Comments:
Deferred Exam Offered on Date: Time: Location:
Date: Associate Dean, (Undergraduate) School of Pharmacy
Date: Course Coordinator