

School of Pharmacy Application for Deferred FINAL Examination

Name:	Student Number:	
MUN e-mail:	Semester (Term & Year):	

Application for Deferred Final Exam

Course for which application is being made (a separate form is required for each request)						
Course Name	Course Coordinator	Date of Scheduled				
		Exam				

Reason for Request:

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

Processing of Application:

- 1. Student submits application along with appropriate supporting documentation (e.g.: <u>Student Health certificate</u>, death notice/certificate) to the School's Associate Dean (Undergraduate) and copies the course coordinator. (*Application must be made as soon as possible but no later than 48 hours after the exam date.*)
- 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 to be placed in the student file.

For Office Use Only

	Request Approve	ed Reques	t Denied	Additiona	l Documents Requested
Comments:					
Deferred Ex	xam Offered on D	Date:	Time:	I	Location:
Date:		Associate Dean	, (Undergradı	uate) School of	Pharmacy
Date		Course Coordin	nator		

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. Questions about this collection and use of personal information may be directed to the School of Pharmacy Privacy Officer at (709)864-6774.