

Request for Deferred Examination

Detailed information on deferred examinations is given in the Undergraduate Calendar:

- Medical (must provide medical certificate indicating period of illness or disability)
 Other (must provide appropriate documentation certifying the reason)

THIS SECTION TO BE COMPLETED BY THE STUDENT

Student Last Name: _____ First (Given) Name: _____

Student Number: _____ Date of Birth (yy/mm/dd): _____

Course Name: _____

Subject Code: _____ Course Number: _____

Section Number: _____ CRN: _____

Course taken in: Fall 20____ Winter 20____ Summer 20____

Aboriginal Focus Program Continuing Education English Language Studies and International Programs Summer Session (Non-Degree)

Instructor Name: _____

Reason for Request: _____

Signature: _____ Date: _____

Your request to write the deferred examination must be sent to our office at least forty-eight (48) hours following the regularly scheduled examination. Supporting documentation may be required. The request should be sent to the attention of Student and Information Services, Room 185, Extended Education Complex, The University of Manitoba, Winnipeg, MB R3T 2N2. Fax to: 204-272-1626.

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of processing your request for a deferred examination. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

THIS SECTION TO BE COMPLETED BY THE PROGRAM ADMINISTRATOR / STUDENT ADVISOR

Deferred Examination has been: Approved Denied

Type of Examination: Open Book Closed Book Online Exceptions: _____

Length of Examination: _____ Date Scheduled: _____

Time: _____

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED AND THE STUDENT'S RECORD UPDATED BY STUDENT AND INSTRUCTOR SERVICES

Comments: _____

Signature: _____ Date: _____