APPLICATION FOR DEFERRED EXAMINATION(S)

NOTE: This application must be received by the Division Head within one week of the original date of the examination(s).

<table>
<thead>
<tr>
<th>Yr. Sem</th>
<th>Student Number</th>
<th>Last Name</th>
<th>Given Names</th>
</tr>
</thead>
</table>

Address to which decision of Deferred Examination(s) application should be mailed:

<table>
<thead>
<tr>
<th>Postal Code</th>
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</table>

Email: ____________________________ Telephone Number: ____________________________

COURSES FOR WHICH APPLICATION IS BEING MADE

<table>
<thead>
<tr>
<th>Subject</th>
<th>Number</th>
<th>Section</th>
<th>Instructor</th>
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REASON(S) (Check appropriate section)

☐ Medical (attach appropriate documents)
☐ Bereavement (attach appropriate documents)
☐ Other (specify on separate sheet)

NOTE: This is an application only. You will be notified in the near future if you are eligible for a deferred examination.

__________________________
DATE

__________________________
SIGNATURE OF APPLICANT

FOR DIVISION HEAD USE ONLY

☐ ELIGIBLE  ☐ NOT ELIGIBLE

__________________________
Division Head Signature

DISTRIBUTION BY DIVISION HEAD AFTER DECISION:
- Campus Registrar
- Student
- Course Instructor

* See back of form for pre-requisite waiver if necessary

PERSONAL INFORMATION AND PROTECTION OF PRIVACY

The information requested on this form is collected under the authority of the Memorial University of Newfoundland Act (RSLM 1990 c M-7) and is needed to process your application for a deferred exam(s). In processing your application, this information may be disclosed to academic and administrative units at Grenfell Campus. If you have any questions about the collection and/or use of this information, you can contact the Campus Registrar at (709) 637-6298.

2011-05-31