

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).

Yr. Sem	Student Number	Last Name	Given Names
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Address to which decision of Deferred Examination(s) application should be mailed:

Postal Code

Email: _____ Telephone Number: _____

COURSES FOR WHICH APPLICATION IS BEING MADE

Subject	Number	Section	Instructor

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:

- College 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 (RSNL 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 College. If you have any questions about the collection and/or use of this information, you can contact the College Registrar at (709) 637-6298.

Office of the Registrar

REQUEST FOR WAIVER OF COURSE PREREQUISITE OR COREQUISITE

A prerequisite course is a course which must be successfully completed prior to registration in the course for which it is required. A corequisite course is a prerequisite which may be taken concurrently.

All courses identified in the Class Schedule as being courses in which prerequisite and corequisite requirements will be checked, will have the requirement checked at the time you register. If you fail to meet the requirement and have not already received permission from the academic unit, you will not be permitted to register in those courses.

Please note this form may be used for more than one course as long you obtain the approval of the Head of each of the respective academic units.

Yr. Sem

Student Number

Last Name

Given Names

Sem: Fall – F, Winter – W, Spring – S

HEAD(S) OF ACADEMIC UNIT ONLY

This student has been granted a waiver of the course prerequisite/corequisite for the following course(s):

SUBJECT	NUMBER	SIGNATURE(S)
<input type="text"/>	<input type="text"/>	_____ Head, Academic Unit
<input type="text"/>	<input type="text"/>	_____ Head, Academic Unit
<input type="text"/>	<input type="text"/>	_____ Head, Academic Unit
<input type="text"/>	<input type="text"/>	_____ Head, Academic Unit

NOTE TO ACADEMIC UNITS: Do not submit this form to the Office of the Registrar if you are keying prerequisite waivers on-line.