

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:

- 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 (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 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.