

Application for Deferred Final Exam

This is to be used to make an application for a deferred exam when a student will a) not be able to write their exam at the scheduled time or b) has missed a final exam for the following reasons: unforeseen circumstances, incapacitating mental and/or physical illness, severe domestic affliction or for circumstances as described in the University's Discrimination, Harassment and Duty to Accommodate Policy (including religious belief).

A deferred exam will not be approved if a student has not:

- (i) Been in regular attendance where attendance and/or participation are required, and/or,
 - (ii) Excluding the final exam, has completed less than half of the assigned work.
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I _____ Student ID# _____

meet requirements (i) and (ii) listed above and am applying for final exam deferral(s) in the following course(s):

Subject: _____ **Course number:** _____ **Section:** _____
Instructor _____ Date and time of exam: _____

Subject: _____ **Course number:** _____ **Section:** _____
Instructor _____ Date and time of exam: _____

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Instructor _____ Date and time of exam: _____

Subject: _____ **Course number:** _____ **Section:** _____
Instructor _____ Date and time of exam: _____

I did NOT miss term work in one or more of the courses

I DID miss term work in one or more of the courses. Please specify course(s), assignment(s), and percentage weight missed: _____

YES I am/was able to write all of the term exams in the courses listed above

NO I am not/ have not been able to write all of the term exams in all of the courses listed above. Specify course(s) and percentage weight of exam(s) missed: _____

Is a portion of your final grade dependent on participation and/or attendance? YES NO

Did you attend and/or participate regularly? YES NO If no, please explain: _____

Explanation of Absence from a Final Exam for Deferred Exam Request

In as much detail as you feel able to tell us, please explain the reason why you cannot/could not write the final exam(s) at the scheduled time(s).

Name: _____ Student ID#: _____

Have you decided to attach any supporting documentation to this request? Yes No

I make this statement conscientiously, believing it to be true and knowing that it is of the same force and effect as if under oath and that misrepresentation of facts may be found to be a violation of the *Code of Student Behaviour* and be sanctioned accordingly.

I understand that my class attendance may be examined and if I have missed a substantial portion of the term work I may not be eligible for a deferred final exam.

I am aware that this statement will remain in my academic file and that repeated requests may invite investigation as to their authenticity.

I am aware that Students with two or more deferred exams outstanding from a previous term may be required to reduce the number of courses in which they are registered.

Student's Signature: _____ Date: _____

Received by: _____
(Advisor's printed name and signature)

The personal information for this application is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of determining if the students request for a deferred final exam will be approved. Direct any questions about this collection to the Faculty of Arts Undergraduate Student Services: 1-17 Humanities, 780-492-4295.