



Deferred examinations must be applied for within three (3) days of the missed examination. This application, with supporting documentation, must be returned to this office within five (5) working days of the missed examination.

Name Student Number

Address

(city, province and postal code) (phone number)

Course Name, Number and Section CRN#

Instructor Date of Originally Scheduled Exam

Is this a pre-requisite for a course you are currently registered in? Yes No

If yes, what class? In order to continue in this course, a passing grade must be obtained in the course in which the deferred exam is written.

Reason for Request (please attach supporting documentation)

This is a request for a deferred examination (fee of \$40.00).

This is a request for a special deferred examination (fee of \$80.00).

The fee will be billed to your student account.

Date Student Signature

NOTE: Before this application can be considered the student should see the instructor and arrange to have the appropriate part of this form completed.

TO BE COMPLETED BY THE INSTRUCTOR AND RETURNED TO THE ASSISTANT DEAN, COLLEGE OF NURSING, A102 HEALTH SCIENCES BUILDING, UNIVERSITY OF SASKATCHEWAN, 107 WIGGINS ROAD, SASKATOON SK S7N 5E5

- 1. Has the student completed the term work, assignments, essays, laboratory work, etc. required to complete the course?
2. If the answer to 1. is no, have satisfactory arrangements been made to complete the required work?
3. What is the year's mark in the course to date?
4. What is the value of the final examination in this course?
5. Please feel free to contact the Dean's Office at 966-6221 if you have additional remarks concerning this application. However, please complete and submit this form according to the usual procedure.
6. Do you support this request?

A student, who by reason of continuing illness or other valid considerations, is unable to write during the regular deferred examination period may apply to the College for permission to write a special deferred examination. If special deferred - date, time and place to be written to be determined by professor and student.

Date Instructor's Signature

FOR DEAN'S OFFICE USE ONLY

Regular Deferred Examination - Granted Denied
Special Deferred Examination - Granted Denied

Date Signature