



UNIVERSITY OF SASKATCHEWAN

College of Nursing Application for Supplemental or Special Supplemental Examination NEPS 2nd degree entry option

To be eligible to apply for a supplemental final exam, a student must have obtained a mark of 40-49% in the course. In addition, the student must have an annual weighted overall average and an annual weighted nursing average of at least 60% for the academic term. Supplemental examinations must be applied for within three (3) weeks of the end of the exam period.

Name _____ Student Number _____

Address _____

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

Course Name, Number and Section _____

Instructor _____ Date of Originally Scheduled Exam _____

- ⇒ Is the course for which a supplemental exam is being requested a pre-requisite for a course or courses you are currently taking or will be taking before regular supplemental exams are written in August? Yes No
- ⇒ If yes, what course(s)? _____ In order to continue in this course, a passing grade must be obtained in the course for which the supplemental exam is being requested. [You should request a special supplemental final examination.]

This is a request for a supplemental examination (fee of \$60.00).

This is a request for a special supplemental examination (fee of \$100.00).

→ **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. What is the value of the final examination in this course? _____
2. Please indicate how other components in this course will contribute to the final grade for this student.
(eg. paper 25/40) _____

3. Do you support this request? Yes No
Why or why not? _____

Please contact the Assistant Dean at 966-6221 if you have additional remarks concerning this application.

Date _____ Instructor's Signature _____

FOR DEAN'S OFFICE USE ONLY

Regular Supplemental Examination -	Granted _____	Denied _____
Special Supplemental Examination -	Granted _____	Denied _____

Date _____ Signature _____