



UNIVERSITY OF SASKATCHEWAN

COLLEGE OF EDUCATION
STUDENT AFFAIRS AND ACADEMIC STANDARDS COMMITTEE
28 Campus Dr. Saskatoon, SK S7N 0X1
Ph: 306 (966-7654) Fax: 306 (966-7644)

Request for Supplemental and Special Supplemental Exams

Date: _____ Name: _____ Student Number: _____

Address: _____ Postal Code: _____

Telephone: _____ Signature of Initiator: _____

Required fees are to be submitted to Student Accounts and Treasury payable to University of Saskatchewan. To avoid interest costs, you must make the payment prior to the last working day of the month in which you receive approval from the Student Affairs and Academic Standards Committee. Please note that once the approval is granted, you are assessed the fee which is non refundable.

1. **SUPPLEMENTAL EXAMINATION (\$60)- The date & location of the exam will be posted on the website: www.usask.ca/registrar/exams, in the Colleges, the Admin. Building kiosk and USSU Office, Place Riel.** It is your responsibility to check one of these locations to obtain your exam time. You must receive a grade in the 40-49% range to apply for a supplemental examination.

Eg. Epse 390.3 02 20636 2 200601 J. Doe
Course and Section and CRN **Term** **Session** **Instructor**

2. **SPECIAL SUPPLEMENTAL EXAMINATION (\$100) - You must arrange a date, time and place with the instructor for the special supplemental exam. A special supplemental exam is set up if you cannot write the exam during the regularly scheduled time for supplemental exams. Please see the academic schedule in the general calendar for the regular dates.**

Course and Section and CRN **Term** **Session** **Instructor**

Instructor must sign here to verify date and time he/she has arranged with you:

Instructor's signature _____

Eg.--- August 1, 2006 9:00AM Educ Room 3041

Date: _____ Time: _____ Location: _____

3. Reason why you cannot write during the regular supplemental exam time period

NOTE: DO NOT USE THIS FORM IF YOU MISSED THE EXAM, USE DEFERRED APPLICATION