

Petition for Special Consideration (Form B)

Request for Deferred Examination

Name: _____ Student No.: _____

Email: _____ Telephone No.: _____

Program: _____ Level: _____

Address: _____

Reason examination(s) not written: _____

Subject and Course Code	Term	Instructor	Date and Time of Exam

Note: You must check each box and sign below:

- I confirm that I **did not** attend or participate in any capacity in the above Examination(s).
- I confirm that I have completed all other requirements for the above course(s) and have done sufficiently well to **pass** if granted a Deferred Examination. I understand that approval for a Deferred Examination will be **rescinded** if this is found **not** to be true.
- I understand that misrepresentation of my academic situation may result in charges of **academic dishonesty**.
- I understand that, if granted, the above Deferred Examination(s) **must** be written as follows, and if not written **cannot be deferred a second time**.
 - a) Examinations for Fall Term courses are written during the Winter Mid-Term Recess Period
 - b) Examinations for Winter Term courses are written in late June
 - c) Examinations for Spring/Summer Term courses are written during the Fall Mid-Term Recess Period
- I understand that if granted more than one Deferred Examination, I will be required to reduce my course load during the term in which the Deferred Examination(s) are being written. The decision regarding a reduced load will be communicated by email.
- I understand that it is my responsibility to check my academic record to confirm the decision for my Request for Deferred Examination.

Student Signature: _____ **Date:** _____

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For office use only.

Approved Denied

Courses to be dropped (next term): _____ Maximum load (next term): _____

Comments: _____

Authorizing Signature: _____ Date: _____