



DEFERRED EXAMINATION REQUEST FORM

*An examination may be deferred based on extenuating circumstances such as documented illness or severe personal difficulties. **This application form must be submitted to UWDCE Student Services along with a \$50 administration fee through the Registration Office no later than two (2) working days after the scheduled examination date.** Students are expected to submit this request prior to a scheduled examination where advance notice permits.*

When a deferred examination privilege is granted, the subsequent examination must be completed on the date set by the University. If this privilege is not exercised by the date that the University grants, this privilege will be revoked.

Please complete and return this form to the UWDCE Registration Office

Section A: Personal Information

Last Name(s)

Given Name (s)

Initial

University of Winnipeg Student ID Number

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Phone Number

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Cellular Phone Number

Email Address

Section B: Examination Details

Course Number	Course Name	Examination Date	Instructor

Important Note: Students must submit a separate application for each deferred examination.

Section C: Examination Type

Mid-term Examination

Final Examination

Have you applied for any other deferred examination this year?

No

Yes

If yes, please provide the course details: _____

Please provide the reason for deferred examination (*and attach any supporting documentation to substantiate your case*):

Student Declaration:

I declare that I have read the UWDCE Appeals Guidelines and the Application for Deferred Examination . I believe that I am eligible for deferred sitting and am attaching supporting documentation and the \$50 administrative fee to this application form.

STUDENT SIGNATURE _____ DATE: _____

Internal Use:

Fee Paid: _____ Receipt #: _____ Date of Receipt: _____ Processing Date: _____

Medical Certificate or Other Supporting Documentation Provided Yes No Initials: _____