

To Be Completed by Student:	
Name:	Student Number:
Phone:	Email:

For courses taken: Fall 20__ Winter 20__ Summer 20__ Other: _____

Reason for Request: Medical Compassionate Other : _____

Course (e.g. BIOL 1020)	Lecture Section (e.g. A01)	CRN (#####)	Date and Time Exam Scheduled	Instructor

Was this examination deferred previously? **Re-Deferral** Yes No

Did you write the exam on the originally scheduled date? Yes No

Do you have any outstanding term work requirements in the above noted course(s)? Yes No

If yes, have you made arrangements with your instructor(s) for completion of the term work? Yes No

**Note that if it is not mathematically possible for you to pass the course(s), a deferred examination will be denied.*

Will you be booking this/these exam(s) through Student Accessibility Services? Yes No

If yes please provide the name of your S.A.S. Advisor: _____

Do you qualify as an "off-campus" student for a DE course and need to write your final exam online? Yes No

Earliest date that the examination can be written; as per documentation: _____

Provide an explanation for Deferral request on Page 2.

- I am aware of my responsibility for any change in course content and/or examination format between now and the date of the deferred examination.
- I am aware that I could be removed from courses in an upcoming term that require this/these course(s) as a prerequisite if the minimum grade is not met after writing my deferred exam.
- It is my responsibility to ensure that a grade from a deferred exam will meet the deadline for any programs where I have an application in progress.
- I understand that The Faculty of Arts may verify the authenticity of my documentation.
- It is my responsibility to be aware of, and available for, the examination as determined by the department.

You will receive confirmation of receipt of your application at your UM email. If your application is approved, you will be notified of further details of your exam(s). It remains your responsibility to monitor your UM email for these communications regularly.

Student's Signature: _____

Date: _____

Notice Regarding Collection, Use, and Disclosure of Personal Information and Personal Health Information by the University Your personal information and personal health information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of determining your eligibility for deferred exam(s), coordinating your deferred exam with a department, SAS or off-campus invigilator (if applicable) and for communication. Your personal information and personal health information will not be used or disclosed for other purposes, unless permitted by *The Personal Health Information Act (PHIA)* or *The Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have any questions about the collection of your personal information or personal health information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

*****Ensure supporting documentation is submitted along with your Deferred Exam Application*****

The Faculty of Arts | University of Manitoba | 134 Fletcher Argue Building | Ph: (204) 474-9100 | email: Arts_Inquiry@umanitoba.ca

Explanation of Deferral Request:

This section to be completed by an Arts Academic Advisor:

Approved Denied Reason: _____

Advisor Comments:

Advisor Initial:

Date:

*****Ensure supporting documentation is submitted along with your Deferred Exam Application*****

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