

DEFERRED EXAMINATION REQUEST FORM

FEE

DEFERRED EXAM - (\$75/EXAM TO A MAXIMUM OF \$150 PER SCHEDULED EXAM PERIOD) TO BE ADDED TO THE STUDENT'S ACCOUNT AT THE TIME THE REQUEST IS APPROVED.

PART A

TO BE COMPLETED BY THE STUDENT

STUDENT ID NO.:	FAMILY (LAST) NAME:	FIRST NAME:	MIDDLE NAME:
FORMER NAME(S) (IF APPLICABLE)	ADDRESS:	CITY/PROVINCE:	POSTAL CODE:
HOME PH.:	CELL:	WORK PH.:	EXT.

PROGRAM:

MISSED EXAM INFORMATION

COURSE ABBREVIATION _____ SECTION _____ EXAM DURATION _____ ADR STUDENT?
 TERM _____ INSTRUCTOR _____ ORIGINAL DATE OF EXAM _____

REASON FOR BEING UNABLE TO ATTEND SCHEDULED EXAM:

STUDENT'S SIGNATURE _____

PART B

TO BE COMPLETED BY THE CHAIR (OR DESIGNATE)

DEFERRED EXAM GRANTED. (FEES WILL BE APPLIED TO YOUR STUDENT ACCOUNT).

EXAM MUST BE WRITTEN BETWEEN: (DATE) _____ AND (DATE) _____

CHAIR (OR DESIGNATE) SIGNATURE _____ DATE: _____

EXAM ATTACHED OR PASS CODE ATTACHED

EXAM SERVICES WILL CONTACT STUDENT TO SCHEDULE EXAM APPOINTMENT.

PERSONAL INFORMATION COLLECTION NOTICE

The personal information requested on this form is collected under Section 33(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of one or all of the following: to determine eligibility for admission and financial assistance, to advise students about academic programs and to provide university services at MacEwan University. Questions concerning this collection should be directed to the Lead, Privacy and Information Management at privacy@macewan.ca