

## DEFERRED EXAMINATION REQUEST FORM

### FEE

DEFERRED EXAM - (\$50/EXAM TO A MAXIMUM OF \$150 PER SEMESTER) 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 \_\_\_\_\_ ACCESS AND DISABILITY RESOURCE 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](mailto:privacy@macewan.ca)