PETITION FOR SPECIAL CONSIDERATION (FORM B)
Request for Deferred Examination

Name: ___________________________________________________ Student No.: _____________________

Email: __________________________________________________ Telephone No.: _____________________

Program: _______________________________________________ Level: ______________________________

Address: __________________________________________________________________________________

Reason examination(s) not written: _______________________________________________________________

___________________________________________________________________________________________

Note: Supporting documentation must be attached.

<table>
<thead>
<tr>
<th>SUBJECT &amp; COURSE CODE</th>
<th>TERM</th>
<th>INSTRUCTOR</th>
<th>Date and Time of Exam</th>
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Note: You must check each box and sign below:

☐ I confirm that I have completed all other requirements for this course and have done well enough to pass if my deferred examination is granted; I understand that approval for a deferred examination will be rescinded if this is found to be the case.

☐ I understand that misrepresentation of my academic situation may result in charges of academic dishonesty.

☐ I understand that, if granted, this deferred exam must be written as follows, and if not written cannot be deferred a second time.

a) December exams will be written during Reading Week (in February)
b) April exams will be written in late June
c) Spring/Summer exams will be written during the December Final Exam period.

☐ I understand that if granted more than one deferred exam, I will be required to reduce my course load during the term in which the deferred exams are being written. The decision regarding a reduced load will be communicated by email.

☐ I understand that it is my responsibility to check my grade report, when available, on MOSAIC to confirm the decision for my Request for Deferred Examination.

Student Signature: ____________________________________________ Date: _______________________

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Final Decision: ☐ Approved ☐ Denied

Comments: __________________________________________________________

_____________________________________________________________________

Assistant Dean of Program ________________________ Date ________________________

Revised Oct/18