

## REQUEST FOR DEFERRED FINAL EXAMINATION

### GENERAL INFORMATION

- A request for a deferred final examination based on compelling medical or personal reasons must be made to the School of Nursing within 5 business days of the missed exam. The granting of a deferred final examination is **not** guaranteed.
- A request for a deferred final examination must be accompanied by supporting documentation outlining the medical reasons or compassionate grounds which made it impossible for the student to write the examination on the scheduled date.
  - Examples of documentation include: McMaster Student Health Certificate, doctor's note, obituary, funeral card, police report, letter from faith leader or therapist, etc. The McMaster Student Health Certificate can be found at: <http://nursing.mcmaster.ca/documents/MUSHCmedicalform.pdf>
  - If additional documentation is required upon review of the request, the School of Nursing will contact the student.
- **A final examination may only be deferred once.** Deferred examinations must be written during the deferred examination period as follows and if not written cannot be deferred a second time. Students can request a retroactive withdrawal from a course if they are unable to complete the deferred examination due to serious extenuating circumstances. December exams will be written during Reading Week in February, April exams will be written in late June, and Spring/Summer exams will be written during the December examination period. Exact dates can be found in the McMaster University Undergraduate Calendar under 'Sessional Dates'.
- Please note that deferring examinations may impact the student's course sequencing, full-time/part-time status, fees, and eligibility for graduation, scholarships, and financial aid. Students in Level 4 who request deferral of an examination from the April examination period may no longer be potential graduates in May. For such cases, graduation may be delayed until November.
- Decisions regarding Requests for Deferred Examinations are final. In accordance with the Student Appeal Procedures, decisions made on Requests for Deferred Examinations cannot be appealed to the Senate Board for Student Appeals. If a student feels his/her human rights have been violated, they may contact Human Rights & Equity Services in Room 212 of the McMaster University Student Centre, to initiate a complaint.

### GUIDELINES FOR COMPLETING THIS FORM

- This form must be fully completed by the student and **must be accompanied** by supporting documentation (see above). Please submit the form and documentation to the appropriate site:
  - Mohawk & McMaster site students – BScN Program Office via email ([bscnadvising@mcmaster.ca](mailto:bscnadvising@mcmaster.ca)) or fax (905-570-0667)
  - Conestoga site students – Conestoga Academic Advising Office via email ([aharrison@conestogac.on.ca](mailto:aharrison@conestogac.on.ca)) or fax (519-748-3562)
- The School of Nursing will review the request and notify the student via email once a decision has been reached.

# REQUEST FOR DEFERRED FINAL EXAMINATION

This form must be fully completed by the student and submitted to the School of Nursing by the end of the final examination period. Please read and follow the guidelines on page 1 of this form.

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ McMaster ID #: \_\_\_\_\_

McMaster Email Address: \_\_\_\_\_@mcmaster.ca Telephone Number: \_\_\_\_\_

Site:  McMaster  Mohawk  Conestoga Level:  1  2  3  4

Program Stream:  Basic (A)  Post RPN (E)  Accelerated (F)

## COURSE INFORMATION

Please list the course(s) for which you are requesting a deferred final examination:

Course Code	Term	Exam Date & Time
1.	20____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer	
2.	20____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer	
3.	20____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer	
4.	20____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer	
5.	20____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer	

## REASON FOR REQUESTING A DEFERRED FINAL EXAMINATION

Please outline the reason(s) you are requesting a deferred final examination for the above listed courses.

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I have read and understand the McMaster BScN Program Deferred Final Examination policies.

I understand that, if granted, my deferred exam(s) must be written on the assigned date and cannot be deferred again.

I have attached supporting documentation and have clearly explained the circumstances of my request.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

APPROVED  DENIED by: \_\_\_\_\_ Date: \_\_\_\_\_

LEAD(S) NOTIFIED by: \_\_\_\_\_ Date: \_\_\_\_\_ Lead(s) Contacted: \_\_\_\_\_

DATABASE & MOSAIC UPDATED by: \_\_\_\_\_ Date: \_\_\_\_\_

EMAIL SENT TO STUDENT by: \_\_\_\_\_ Date: \_\_\_\_\_