



An examination may be deferred based on extenuating circumstances such as documented illness or severe personal difficulties. **To request a deferred exam, submit this application form to UWPACE Student Services along with a \$75 administration fee to the Registration Office in Buhler Centre no later than two (2) working days after the scheduled examination date.** Students are expected to submit this request prior to a scheduled examination where advance notice permits.

Please note the request will not be processed if there is a financial hold on the student's account.

When a deferred examination privilege is granted, the subsequent examination must be completed on the date set by the University. If this privilege is not exercised by the date that the University grants, this privilege will be revoked.

**Please complete and return this form to the UWPACE Registration Office**

**Section A: Personal Information**

Last Name(s) \_\_\_\_\_ Given Name (s) \_\_\_\_\_ Initial \_\_\_\_\_

University of Winnipeg Student ID Number \_\_\_\_\_ Birth Date (MM/DD/YYYY) \_\_\_\_\_ Gender:  Female  Male

Phone Number ( ) - \_\_\_\_\_ Cellular Phone Number ( ) - \_\_\_\_\_

Email Address \_\_\_\_\_

**Section B: Examination Details**

Course Number	Course Name	Examination Date	Instructor

Important Note: Students must submit a separate application for each deferred examination.

**Section C: Examination Type**

Midterm Examination (Only applicable if no final exam; refer to course outline for more information)  
Final Examination

Have you applied for any other deferred examination this year?

No            Yes            If yes, please provide the course details:

Please provide the reason for deferred examination (*and attach any supporting documentation to substantiate your case*):

**Student Declaration:**

I declare that I have read the UWPACE Appeals Guidelines and the Application for Deferred Examination. I believe that I am eligible for deferred sitting and am attaching supporting documentation and the \$75 administrative fee to this application form.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PROGRAM DESIGNATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>Internal Use:</b>			
Fee Paid: _____	Receipt #: _____	Date of Receipt: _____	Processing Date: _____
Medical Certificate or Other Supporting Documentation Provided		Yes    No	Initials: _____