



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

Program _____ Full-time Part-time

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:** _____

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



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

Section D: Explanation for the Deferral

Explain clearly what medical, compassionate, or other circumstances, **beyond your control**, prevented or are preventing you from writing your exam.

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:* _____

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