THE UNIVERSITY OF
WINNIPEG | Professional, Applied and
Continuing Education

Deferred Examination Request

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.

STUDENT INFORMATION

Last Name   First Name   Middle Name   Student Number

Email Address   Telephone

Program   ☐ Full time   ☐ Part time

EXAMINATION INFORMATION

Course Name   Examination Date

Course Number   Instructor Name

Examination Type

☐ Midterm Examination (only applicable if no final exam; refer to course outline for- more information

☐ Course Number

Have you applied for any other deferred examinations this year?

☐ Yes   ☐ No   If yes, please provide the course details?

Please provide the reason for deferred examination and attach any supporting documentation to substantiate your case.

Office Use Only

Fee Paid	Receipt Number
Date of receipt	
Date processed	
Processed by	
Supporting documented provided	☐ Yes ☐ No

(Please complete reverse)

EXPLANATION FOR DEFERRAL

Please provide the reason for deferred examination (and attach any supporting documentation to substantiate your case). Explain clearly what medical, compassionate, or other circumstances, beyond your control, prevented or are preventing you from writing your exam.

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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.

Signature _____ **Date** _____

Program Designate Signature _____ **Date** _____