

DeGroot School of Business

[FALL]

APPLICATION FOR DEFERRED FINAL EXAMINATION

Date: _____ Student #: _____
 Name: _____ McMaster E-Mail: _____
 Program & Level: _____ Phone #: _____

Reason for request for a deferred examination privilege(s): _____

Documentation *must be* attached.

SUBJECT & COURSE CODE	TERM	INSTRUCTOR	DATE & TIME OF EXAM

(i)	I confirm that I have completed all other requirements for this course and have done well enough to pass the course if my deferred examination privilege is granted. I understand that approval for a deferred examination will be rescinded if this is found not to be the case.
(ii)	I understand that, if granted, this deferred examination must be written in the next deferred examination period. The deferred exam period is during the February Reading Week period.
(iii)	I understand that if I cannot write the deferred exam in February, I will contact my Academic Advisor.
(iv)	I understand that it is my responsibility to check MUGSI to confirm that my application has been approved.
(v)	Information about the date/time/location of the deferred exam will be mailed to me and I will ensure my address in my MUGSI is accurate.
(vi)	I understand that if I do not receive information regarding my exam from the Examinations Office approx 2 weeks prior to the Examination Period, I must email the Scheduling & Exams Office at exams@mcmaster.ca using my McMaster email to obtain it.

_____ Date _____ Student Signature (please make a copy for your records)

Approved

Not Approved

Notes:

Authorizing Signature: _____

*This request must be submitted normally within five working days of the missed exam. ***Please refer to the General Academic Regulations for Deferred Examinations section of this year's Undergraduate Calendar.****

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