

PETITION FOR SPECIAL CONSIDERATION (FORM B)
Request for Deferred Examination

Name: _____ Student No: _____

E-mail: _____ Telephone No: _____

Program: _____ Level : _____

Address: _____

Reason examination(s) not written: _____

NOTE: Supporting documentation must be attached.

SUBJECT & COURSE CODE	TERM	INSTRUCTOR	Date and Time of Exam

Note: You must check each box and sign below:

- I confirm that I have completed all other requirements for this course and have done well enough to **pass** if my deferred examination is granted; I understand that approval for a deferred examination will be **rescinded** if this is found **not** to be the case.
- I understand that misrepresentation of my academic situation may result in charges of **academic dishonesty**.
- I understand that, if granted, this deferred exam must be written as follows, and if not written cannot be deferred a second time.
 - a) December exams will be written during Reading Week (in February)
 - b) April exams will be written in late June
 - c) Spring/Summer exams will be written during the December Final Exam period
- I understand that if granted more than one deferred exam, I will be required to reduce my course load during the term in which the deferred exams are being written. The decision regarding a reduced load will be communicated by email.
- I understand that it is my responsibility to check my grade report, when available, on **MUGSI** to confirm the decision for my Request for Deferred Examination.

Student Signature: _____ **Date:** _____

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<input type="checkbox"/> Approved	Courses to be dropped (next term): _____ Maximum load (next term): _____
<input type="checkbox"/> Denied	
Comments: _____	
Authorizing Signature: _____	Date: _____