

## Request for Deferred Exam Privileges

Date: \_\_\_\_\_ Term: \_\_\_\_\_ Program & Level: \_\_\_\_\_

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

McMaster Email: \_\_\_\_\_ @mcmaster.ca

Reason for failure to write the examination(s):

*(Please attach supporting documentation)*

Subject & Course Code	Term	Instructor	Date & Time of Exam

**\*\*\*Please read the following important information, check each box and sign below\*\*\***

I confirm that I did not attend or participate in any capacity of the final examination(s) listed above.

I confirm that I have completed all other requirements for the course(s) and have done well enough to pass the course if my deferred examination is granted.

I understand that misrepresentation of my academic situation may result in charges of academic dishonesty.

I understand, if granted, the above Deferred Examination(s) must be written as follows, and if not written cannot be deferred a second time.

I understand that it is my responsibility to check my McMaster email and student record to confirm the decision of the Request for Deferred Examination(s).

I understand that is my responsibility to check the Deferred Exam Schedule in the Mosaic Student Centre. I am responsible for knowing when and where the exam is being held.

I understand, if granted, that I cannot apply for a Request for Late Withdrawal from the course(s).

I understand that approval for the Deferred Examination(s) will be rescinded if any of the above is found true.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_