

# INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM

## iBioMed Advisement

### REQUEST FOR DEFERRED EXAM PRIVILEGES

DATE: \_\_\_\_\_ TERM: ☐ Fall ☐ Winter ☐ Spring/Summer

STUDENT NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ LEVEL: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

McMASTER EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Reason for failure to write the examination(s):

COURSE NAME & COURSE CODE	TERM	INSTRUCTOR	DATE & TIME OF EXAM	SIGNATURE* (see NOTE below)

#### \*NOTE

- (i) **THIS FORM MAY ONLY BE USED IF YOU DID NOT SIT FOR THE FINAL EXAMINATION OR ANY PART THEREOF.**
- (ii) 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 is granted.
- (iii) I understand that approval for a deferred examination will be rescinded if the above are found to be untrue.
- (iv) **A deferred examination may only be granted once for a particular course. Deferred examinations will be written in the next deferred examination period. Failure to write the deferred examination will result in a course grade based on a mark of zero in the final exam.**
- (v) I understand that it is my responsibility to check my McMaster Email account to confirm that my application has been approved.
- (vi) The Office of the Registrar will send an email with my individual deferred examination schedule, to my McMaster account, approximately two weeks prior to the examination session. I am responsible for ensuring that I check my McMaster email account. It is my responsibility to know where and when the exam is being held.

#### FOR OFFICE USE ONLY:

☐ Approved by the Reviewing Committee

☐ Not approved by the Reviewing Committee

Authorizing Signature: \_\_\_\_\_

Date: \_\_\_\_\_