

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- I understand that approval for the Deferred Examination(s) will be rescinded if any of the above is found true.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

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FOR OFFICE USE ONLY

Approved
 Denied

Comments: _____

Authorizing Signature: _____ Date: _____