

REQUEST FOR DEFERRED EXAMINATION PRIVILEGES

Faculty of Engineering

Date _____ Term _____ Program & Level: _____

Name: _____ Student #: _____

Contact Address: _____

e-mail address: _____

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(iii) I understand that approval for a deferred examination will be rescinded if the above are found to be untrue.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.

The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarship[s]; convocations; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and being collected under section 39 (2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario. Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall 209, McMaster University, 905-525-9140.

FOR OFFICE USE ONLY

___ Approved by the Reviewing Committee

___ Not approved by the Reviewing Committee

Authorizing Signature _____

Date: _____