

Deferral Application Affidavit

Pilot Project 2016-2017

This affidavit is to be submitted to the SAO.

This affidavit form waives the requirement for providing supporting documentation in relation to a medical, exceptional personal circumstances or mental health illness.

I, _____, McGill ID# _____, declare the facts stated below in regards to this first final examination deferral request to be true and complete. I understand that I will be subject to disciplinary actions if the following statement is found untrue. I recognize that this request is limited to one exam only and that the waiver can only be issued once over the course of my entire degree program at the Faculty of Law.

Course # of the exam to be deferred	
Date of Exam	

Reason for deferral request (limit to 150 words):

I understand that upon submission of this Deferral Application Affidavit, I must request an appointment to meet with a Student Advisor within the Faculty of Law no later than 2 weeks after the missed examination date.

Student Signature	
Date	

SAO Witness	
Date	