



REQUEST FOR FINAL EXAMINATION DEFERRAL for English & French Language Programs

(PLEASE PRINT)

Please fill out this request form for *Final Examination Deferral*, sign and date it, and submit it, along with your supporting documents, to Client Services, School of Continuing Studies, 688 Sherbrooke Street West, 11th Floor, Montreal, QC H3A 3R1.

IMPORTANT

- 1) You **MUST** include supporting documentation with your request (medical note, etc). Handwritten letters will not be accepted. **Requests without supporting documents will not be accepted.**
- 2) IF APPROVED, your final examination(s) will be deferred to a date before the next session (ex. fall session examinations will be deferred to December). You will be sent a confirmation indicating the time and location of your deferred examination(s) 2 to 4 weeks following your request. The fee for deferring a final examination for reasons other than illness is \$41.07 per course (payable by certified cheque, money order or debit card).

N.B.: If you are a day-time McGill student taking a course at the Centre for Continuing Education, your request for a deferral must be submitted to your Faculty.

REGULATIONS

Please note that should you be unable to sit your deferred exam(s) due to illness, family affliction, or business-related commitment once the deferred exam date has been scheduled, you must contact the Student Affairs Office and withdraw your deferred exam request. If the withdrawal is approved, a new date will be scheduled. If the withdrawal is not approved, however, a final grade of "J" (absent) will be entered, and will count as zero in your grade point average (GPA).

REQUEST FOR FINAL EXAMINATION DEFERRAL

I hereby request a deferral of my final examination(s) for the _____ session. Attached please find a letter outlining the reasons why I cannot sit the exam(s) as scheduled. I am also attaching documentation to support my request.

STUDENT NO: _____ NAME: _____

TEL. (DAY / WORK): _____ TEL. (CELL.) _____ TEL. (HOME): _____

E-MAIL: _____ / _____
McGill E-Mail Address *Personal E-Mail Address*

CLEARLY INDICATE THE COURSE, INSTRUCTOR AND PART(S) OF EXAM TO BE DEFERRED:

| | CRN | SUBJECT | CRSE NO. | SECTION |
|---|----------------------|----------------------|----------------------|----------------------|
| _____ Course Title / _____ Instructor __Writing __Grammar __Reading __Listening __Oral __ALL | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| _____ Course Title / _____ Instructor __Writing __Grammar __Reading __Listening __Oral __ALL | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

I certify that all documentation and information I have provided is accurate, that I am committed to writing the deferred exam (s), and that I have read and understood the information above. I also understand that future requests for deferred exams may be refused.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

APPROVED _____ REFUSED _____ SIGNATURE _____ DATE _____

NOTES _____