



REQUEST FOR DEFERRAL OF FINAL EXAMINATIONS

To: Client Services, School of Continuing Studies, 688 Sherbrooke Street West, 11th Floor, Montreal, QC H3A 3R1

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

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

IMPORTANT

- 1) Handwritten letters will not be accepted. You **MUST** include supporting documentation with your request (medical note, etc). **Requests without supporting documents will not be accepted.**
- 2) IF APPROVED, your final examination(s) will be deferred to the next appropriate examination period, eg. Fall deferrals would be written during the April/May examination period. You will be sent a confirmation indicating the time and place of your deferred examination(s) 4 to 6 weeks following your request. The fee for deferring a final examination for reasons other than illness is \$34.31 per course (payable by certified cheque, money order or debit card).

PLEASE PRINT

STUDENT NO: _____ NAME: _____

ADDRESS: _____

_____ TEL. (DAY): _____

MCGILL E-MAIL: _____

EXAM(S) TO BE DEFERRED ---- COURSE TITLE / INSTRUCTOR

CRN

SUBJECT

CRSE NO.

SECTION

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REGULATIONS

1. The format of the deferred exam may not necessarily be identical to the final exam of the same course. Students are responsible for contacting the instructor should they require information about the deferred exam format. Deferred exams are normally written at the next examination period. It is the student's responsibility to verify the date, time and location of the exam on our website for any revisions.
2. If you have deferred more than one final exam, we require you to reduce your course load accordingly the following session.
3. If you are unable to write your deferred exam(s) as scheduled due to illness, family affliction, or business-related commitment, you must contact the Student Affairs Office to initiate a withdrawal from the deferred exam(s). If the withdrawal is not approved, a final grade of "J" (absent) will be entered, and will count as zero in your grade point average (GPA).

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 _____