

To be eligible to apply for a supplemental final exam, a student must have obtained a final mark of 40-49% in the course and have failed the final exam. In addition, the student must have a weighted overall average and weighted nursing average of at least 60% for the academic term. Supplemental examinations must be applied for within three (3) weeks of the end of the exam period. No supplemental exam will be granted for courses that do not have a final exam. Supplemental exams will not be granted for clinical experience.

To be completed by the student:	
Name	NSID & Student Number
Course Name, Number and Section	
Instructor	Date of Originally Scheduled Exam
or will be taking before regular supplen Yes □ No □	exam is being requested a pre-requisite for a course or courses you are currently taking nental exams are written in February (fall and winter)/ September (spring and summer): In order to continue in this course(s), a passing grade must be obtained in the
course for which the supplemental exa	
This is a request for a supplemental examination. This is a request for a special supplemental. The fee will be billed to your student accounts.	examination (fee of \$100.00). \Box
Date	Student Signature
To be completed by the instructor:	
1. What is the value of the final examination	on in this course?
Please indicate how other components	in this course will contribute to the final grade for this student.
(eg. paper 25/40)	
3. Do you support this request? Yes ☐ Why or why not?	No □
Date	Instructor's Signature
To be completed by the Associate Dean:	
Regular Supplemental Examination	Granted Denied
Special Supplemental Examination	Granted Denied
Date	Signature