



A student who is absent from a final examination through no fault of his or her own, for medical, compassionate, or other valid reasons, may apply to the college for a deferred exam. This application, with supporting documentation, must be returned to the College of Nursing within three (3) working days of the missed examination. The College will notify the student and the instructor of its decision within ten (10) working days of the close of the examination period. The college will also notify the student and Student Enrolment Services Division if permission is granted.

To be completed by the student:

Name _____ NSID and Student Number _____

Course Name, Number and Section _____ CRN# _____

Instructor _____ Date of Originally Scheduled Exam _____

Is this a pre-requisite for a course you are currently registered in? Yes [] No []

If yes, what class? _____ In order to continue in this course, a passing grade must be obtained in the course in which the deferred exam is written.

Reason for Request (please attach supporting documentation) _____

This is a request for a deferred examination (fee of \$40.00). []

This is a request for a special deferred examination (fee of \$80.00). []

The fee will be billed to your student account.

Date _____ Student Signature _____

To be completed by the instructor:

- 1. Has the student completed the term work, assignments, essays, laboratory work, etc. required to complete the course?
2. If the answer to 1. is no, have satisfactory arrangements been made to complete the required work?
3. What is the year's mark in the course to date?
4. What is the value of the final examination in this course?
5. Please feel free to contact the Associate Dean if you have additional remarks concerning this application. However, please complete and submit this form according to the usual procedure.
6. Do you support this request?

A student, who by reason of continuing illness or other valid considerations, is unable to write during the regular deferred examination period, may apply to the College for permission to write a special deferred examination. If special deferred - date, time and place to be written to be determined by instructor and student.

Date _____ Instructor's Signature _____

To be completed by the Associate Dean:

Regular Deferred Examination Granted _____ Denied _____
Special Deferred Examination Granted _____ Denied _____

Date _____ Signature _____