

Application for Deferred Examinations(s)

Name: _____ Student Number: _____

Email: _____ Phone Number: _____

Program: _____ Semester: _____

I have reviewed the [Deferred Examination Regulations](#) and would like to write a Deferred Examination(s) for the following Marine Institute course(s):

<u>Course Name</u>	<u>CRN</u>	<u>Exam Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for applying to write Deferred Examination(s). Please provide supportive documentation.

Once this form is completed, or if you have any questions or concerns about this form, please email the form (including any supportive documentation) to: exams@mi.mun.ca.

Student Signature Date

Access to Information and Protection of Privacy – The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information, please contact the Registrar at miregistrar@mi.mun.ca.