

REQUEST FOR DEFERRAL OF FINAL EXAMINATION

DEPARTMENTAL FORM

It is the student's responsibility to provide official documentation supporting the request from relevant professional persons or agencies (e.g. a doctor's note). It is also the student's responsibility to submit the completed form with supporting documentation to the Department offering the final exam. See the Mount Royal Academic Calendar (mtroyal.ca/AcademicSupport/AcademicCalendar/) for policy, procedures and deadlines regarding deferred examinations. The authority to grant or deny a deferred final exam is vested with the Chair or Dean of the academic unit in which the course is offered.

STUDENT INFORMATION

Last/Family Name:			First Name:			Middle Name:					
MRU Student ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth: Day	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
MRU Email:			Phone (cell):			Phone (home):					
Current Program:											

SEMESTER

Fall (Sept. – Dec.)
 Winter (Jan. – April)
 Spring (May – June)
 Summer (July – Aug.)
 Year:

REASON FOR DEFERRAL REQUEST

- Personal illness
 Personal injury
 Two or more Mount Royal final examinations scheduled at the same time in one day
 Bereavement
 Religious convictions *
 More than two Mount Royal final examinations scheduled on any calendar day
 Unavoidable and unanticipated demands in caring for dependents
 Other: _____

* If intended absence is due to religious conviction, the instructor and chair must be informed of the conflict two weeks prior to the date of the final examination.

Are supporting documents attached? Yes No

COURSE INFORMATION

COURSE REGISTRATION NUMBER (e.g. 55555)	SUBJECT (e.g. HIST)	COURSE NUMBER (e.g. 2201)	SECTION NUMBER (e.g. 004)	INSTRUCTOR'S INITIALS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Freedom of Information and Protection of Privacy: The personal information you provide on, or with, this form is collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act in the Province of Alberta. This information will be used for academic administration, the administration of Mount Royal support services, scholarship and financial aid awards, marketing and recruitment activities and in compliance with data sharing agreements with the Students Association of Mount Royal. Further information is available in the Mount Royal calendar and at mtroyal.ca. Questions can also be directed to the Office of the Registrar at 4825 Mount Royal Gate, SW; Calgary, AB; T3E 6K6 or by phone at 403.440.3435.

STUDENT SIGNATURE: _____

DATE: _____

FACULTY INFORMATION

The instructor(s) responsible for the final examination will arrange for a date and time on which the deferred examination will be given. The deferred exam must be completed before the end of the final examination period. If this is not possible, the procedure for an "I" Grade Agreement must be followed. A copy of this agreement must be stored by the department in accordance with the Mount Royal Records Retention Schedule.

I have considered this student's request and under the terms of Policy 507.

Deferral Request: Approved Denied

Instructor's Name: _____ Signature: _____ Date: _____

Chair's Name: _____ Signature: _____ Date: _____

DEFERRED EXAM INFORMATION

Date: _____ Time: _____ Location: _____