AUGUSTANA FACULTY
APPLICATION FOR DEFERRAL OF FINAL EXAMINATION
(Complete a separate application form for each deferral being requested and return completed forms to the Augustana Registrar’s Office for final Faculty Approval)

Preliminary Information:

Student’s Name: ___________________________ I.D. Number: ___________________________

Course Name, number and section: ___________________________ Academic Term/Year: ____________

Instructor’s Name: ____________________________________________

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Final Examination Deferral:

Which of the following is the reason for the deferral?

☐ Illness; ☐ Domestic Affliction; ☐ Religious Conviction; ☐ Unusual circumstance

Documentation should be presented at the time of application; in case of illness, a student may present a University of Alberta Medical Statement Form, signed by the treating physician and indicating that the student was seen while ill. If a student chooses not to provide medical documentation, a Request of Accommodation for Missed Examinations and/or Term Work in Lieu of Medical Documentation form should be completed (forms may be obtained from Learning, Advising and Beyond or the Augustana Registrar’s Office). For non-medical reasons, some form of adequate documentation must be provided.

A deferred exam will not be approved if a student has not been in regular attendance where attendance and/or participation are required, and/or if, excluding the final exam, a student has completed less than half of the assigned work for the course.

The date of the deferred examination may have been specified in the course outline, or may be mutually arranged between student and instructor. For further regulations on the scheduling of deferred exams, see the University of Alberta Calendar or contact the Augustana Registrar’s Office.

When will the examination be written? ____________________________

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Signatures of Agreement:

Student: ___________________________________________ Date: __________________________

Instructor: ___________________________________________ Date: __________________________

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Approval by Faculty: ___________________________________________ Date: ____________

The personal information requested on this form is collected under the authority of section 33(c) of Alberta’s Freedom of Information and Protection of Privacy Act for the purpose of administration of academic programs, student services and University business functions. For further details see 23.9 of the University of Alberta Calendar or contact the Assistant Registrar, Augustana at (780) 679-1185. Certain personal information may be made available to federal and provincial departments and agencies under appropriate legislative authority.

Original to Learning, Advising and Beyond file; copy retained by Augustana Registrar’s Office RO123/1204