Name: ___________________________ ID#: ________________________
(please print)

Degree Program:    ☐ BKin    ☐ BKin/BEd    ☐ BARST    ☐ BSc KIN    ☐ Other __________

We will respond by e-mail to your UAlberta e-mail account: _______________ @ualberta.ca

DEFERRED EXAM REQUEST
[Submission of this request does not guarantee approval]
[See § 23.3(2) of the University Calendar for details]

A. I am requesting a deferred examination for the following course(s):

Course Name/Section and Semester (eg: HE ED 110, Lec A1, Fall '09)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

B. Indicate the reason for your deferred exam request (appropriate documentation is required):

☐ illness
☐ death of relative
☐ personal issue
☐ other (please specify) ______________________________________________________

C. University policy states that a deferred exam will NOT be approved if a student:

a. has not been in regular attendance where attendance and/or participation is required, and/or
b. excluding the final exam, has completed less than half of the assigned work

Do either “a” or “b”, as listed above, apply to you?   ☐ Yes    ☐ No

If Yes, provide details: ______________________________________________________

((use reverse if necessary)

Signature: ___________________________ Date: ___________________________