

Application for Deferred Examination

Student ID #

An examination may be deferred based on documented illness or severe personal difficulty *only* and must be requested no later than 24 hours after the scheduled examination.

First Name		Last Name		Submit to: Office of the Registrar St. Mary's University College 14500 Bannister Rd SE Calgary, Alberta T2X 1Z4 Tel: 403-531-9130 Fax: 403-531-9136 Website: www.stmu.ab.ca E-mail: registrar@stmu.ab.ca Please PRINT clearly and complete entire form.
Phone		Email		
I wish to defer the following examination(s):				
Course No. & Section	Date	Time	Instructor	
I am deferring for the following reason and have attached supporting documentation (e.g. doctor's note):				
I am available to write the examination on the following days and times:				

Declaration

I have read and understood the policy for deferred examinations as outlined in the *Academic Calendar*.

Signature

Date

Payment Method

A non-refundable fee of \$25 is charged for each deferred examination.

Cheque
 Cash (*do not mail*)
 Debit
 Visa
 MasterCard
 AMEX

The following information only needs to be provided only if you are faxing or mailing your form *AND* paying by credit card:

Credit Card Number

Expiry Date

Office Use:

Received	Tran #	Staff Init
Deferred Examination Date	Time	Location
Student Informed/Entered History	Registrar's Initials	Date

Privacy Statement:

The personal information collected on this form will be used for the purposes of providing services to students and processing payments. The information is collected, used, disclosed and protected in accordance with Alberta's *Personal Information Protection Act* and St. Mary's University College's Privacy Policy. If you have any questions about the collection and use of this information, contact the Privacy Officer at (403) 531-9130 or privacy@stmu.ab.ca