

DeGroot School of Business

[SUMMER]

APPLICATION FOR DEFERRED FINAL EXAMINATION

Date: _____ Student #: _____

Name: _____ McMaster E-Mail: _____

Program & Level: _____ Phone #: _____

Reason for request for a deferred examination privilege(s): _____

Documentation **must be** attached.

| SUBJECT & COURSE CODE | TERM | INSTRUCTOR | DATE & TIME OF EXAM |
|-----------------------|------|------------|---------------------|
| | | | |
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- (i) I confirm that I have completed all other requirements for this course and have done well enough to pass the course if my deferred examination privilege is granted. I understand that approval for a deferred exam will be rescinded if this is found to be untrue.
- (ii) I understand that, if granted, this deferred examination must be written in the next deferred examination period. The deferred exam period is the Fall 2017 Mid-term Recess (Monday, October 9 – Saturday, October 14, 2017).
- (iii) I understand that there is only ONE opportunity to write the Deferred Exam. If I do not write this Deferred Exam as scheduled, I will receive a mark of zero for the exam.
- (iv) I understand that it is my responsibility to check MOSAIC to confirm that my application has been approved.
- (v) Information about the date/time/location of the deferred exam will be posted to my MOSAIC Personal Exam Timetable approximately 2 weeks prior to the examination session and it is my responsibility to access and view it.
- (vi) I understand it is my responsibility to contact the Scheduling & Exams Office at exams@mcmaster.ca and the Student Experience – Academic Office at buscom@mcmaster.ca using my McMaster E-Mail, immediately, if the deferred exam(s) is/are not listed on my MOSAIC Personal Exam Timetable as noted in item (v) above.
- (vii) I understand that if I am approved for more than one deferred exam, I will be required to decrease my course load in the subsequent term.

_____ Date

_____ Student Signature (please make a copy for your records)

- Approved
- Not Approved

Notes:

Authorizing Signature: _____

This request must be submitted normally within five working days of the missed exam. ***Please refer to the General Academic Regulations for Deferred Examinations section of this year's Undergraduate Calendar.***

The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, and statistical purposes of the DeGroot School of Business including, but not limited to, maintaining records; academic counseling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Associate Dean, DeGroot School of Business.