

**DeGroote School of Business**

[WINTER]

**APPLICATION FOR DEFERRED FINAL EXAMINATION**

Date: \_\_\_\_\_ Student #: \_\_\_\_\_

Name: \_\_\_\_\_ McMaster E-Mail: \_\_\_\_\_

Program & Level: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for request for a deferred examination privilege(s): \_\_\_\_\_

Supporting documentation must be attached.

SUBJECT & COURSE CODE	TERM	INSTRUCTOR	DATE & TIME OF EXAM

(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.
(ii)	I understand that, if granted, this deferred examination must be written in the next deferred examination period. The deferred exam period is during the last week of June (June 22, 2020 – June 25, 2020).
(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. The grade will appear as a 'DEF' on the transcript until the exam is completed and the grade is updated. A grade of 'F' may appear until the end of the current Exam period and will be updated to 'DEF' once it has been processed by the Exams Office.
(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 Examinations Office at <a href="mailto:exams@mcmaster.ca">exams@mcmaster.ca</a> and the Student Experience - Academic at <a href="mailto:buscom@mcmaster.ca">buscom@mcmaster.ca</a> 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 I may be required to reduce my courses in the subsequent term if I am approved for multiple deferred exams.

Date

Student Signature (please make a copy for your records)

- Approved  
 Not Approved

Notes: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***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.\*\*\****

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