



SPECIAL EXAMINATION REQUEST

for writing before *or* after the date/time set by the Registrar's Office

Student ID: _____ Name: _____ Phone Number: _____

Current Mailing Address: _____

Email: _____

Course Code and Title:

Instructor:

1. _____

2. _____

3. _____

Detailed reason for the request:

I have attached the following supporting documentation as appropriate:

medical or health services note/letter/history

transcript or degree-audit report

instructor's comments

other: _____

OFFICE USE ONLY

Registrar's comments (on consultation with Department as appropriate)*:

Registrar's Decision:

request approved

request denied

*as per Senate decision, Friday September 6th, 2002, item 7: change to AR #14 (Special Examinations)

Manager:

Fax to department re: set or confirm details for rescheduling, ie: When: _____ Where: _____ Proctor: _____

Confirmed with the Registrar's Office by _____ (Chair) on _____, Decision/arrangements

Communicated to the student by _____ (RO) on _____.

_____ Decision/arrangements communicated to the student by _____ (RO) on _____.

This form given to Records Officer to keep INC for course until a grade has been received on _____, Grade received and recorded by

the RO; request form placed in student file on _____