

**REQUEST FOR A DEFERRED FINAL EXAMINATION
 PETITION FOR SPECIAL CONSIDERATION
 BACHELOR OF HEALTH SCIENCES (HONOURS) PROGRAM**

*This request must be submitted by the end of the examination period,
 but the medical certificate must be submitted at the time of illness.*

PLEASE PRINT

Name: _____ **Student Number:** _____

Address:

 (for the next 3 months) No. Street City Postal Code Telephone Number

Program & Level: _____ Program Code: 2276

Reason for requesting a deferred examination:

(Please attach relevant documentation to support each request.)

List below the courses for which a deferred examination is being requested:

| COURSE NAME & NO. | EXAM DATE & TIME | INSTRUCTOR |
|------------------------------|-----------------------------|-------------------|
| | | |
| | | |
| | | |

NOTE: You may only defer an exam once. I understand that, if granted, this deferred examination, the exam must be written as follows and if not written cannot be deferred a second time, unless there are serious extenuating circumstances that can be supported with documentation. December exams will be written during Reading Week (in February), April exams will be written in late June & Spring/Summer exams will be written during the December Final Exam period.

The granting of a deferred exam is **not** guaranteed. The Assistant Dean of the Program will consider each request.

Note: Students in their Final Year who request deferral of an exam from the April examination period may no longer be potential graduates in May. For such cases, graduation may be delayed until November.

PLEASE RETURN THIS FORM TO THE BHSc PROGRAM OFFICE, MDCL 3308.

NOTICE OF COLLECTION:

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 Faculty of Health Sciences BSc Program including, but not limited to, maintaining records; academic counselling 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 or Assistant Dean, Faculty of Health Sciences BSc Program, Room MDCL 3308, McMaster University.

STUDENT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Assistant Dean, BSc Program: _____ DATE: _____