

**DEFERRED FINAL EXAM FORM**

Submit to: [info@stmu.ca](mailto:info@stmu.ca)

An exam **may ONLY** be deferred based on documented illness or severe personal difficulty. **Please submit form and supporting document to info@stmu.ca. Deadline for submission is no later than 24 hours after the scheduled exam.**

**\*\* Travel plans are not a valid reason to miss or defer scheduled exam\*\***

Student ID#:	0	0	0	0					
Last Name:					First Name:				
Phone:					Email:				

I wish to defer the following exam(s):

Course Code & Section No.	Exam Date	Exam Time	Instructor

I am deferring for the following reason and have attached supporting documentation (e.g. doctor's note for documented illness; letter briefly describing personal difficulty):

**Declaration**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use:**

Date Received:	Exam to be moved:	New date and time of exam:	New location for exam:
Student notified:	Instructor notified:	Notes (if applicable):	

**Privacy Statement:**

This form gives St. Mary's University permission to release the specified information requested by the student. St. Mary's University cannot be held responsible for how this information is used, disclosed or protected by the designated recipient. If you have any questions about Alberta's Personal Information Protection Act and St. Mary's University Privacy Policy, contact [privacy@stmu.ca](mailto:privacy@stmu.ca)