

**APPLICATION FOR  
DEFERRED FINAL EXAMINATION FORM**

An exam **may ONLY** be deferred based on documented illness or severe personal difficulty. **Please submit this form and supporting document(s) to [info@stmu.ca](mailto:info@stmu.ca).** Deadline for submission is no later than 24 hours after the scheduled exam. A \$25 deferred exam fee per deferred exam is added to the student's account and must be paid prior to confirmation of the deferred date and time.

**\*\* Misreading the exam schedule and/or travel plans are not a valid reason to miss or defer a scheduled exam\*\***

|  |                          |            |           |           |
|--|--------------------------|------------|-----------|-----------|
| <b>SECTION 1: To be completed by the student</b>   |                          |            |           |           |
| <b>STUDENT INFORMATION</b>   |                          |            |           |           |
| Student ID #   | 0                        | 0          | 0         | 0         |
| Last Name  |                          | First Name |           |           |
| StMU Email   |                          |            |           |           |
| <b>EXAM INFORMATION</b>  |                          |            |           |           |
| Course Code<br>(e.g., SOCI 201)  | Section No.<br>(e.g., 1) | Exam Date  | Exam Time | Professor |
|  |                          |            |           |           |
|  |                          |            |           |           |
|  |                          |            |           |           |
|  |                          |            |           |           |
|  |                          |            |           |           |
| <b>EXAM DEFERRAL REASON</b>  |                          |            |           |           |
| I am requesting to defer for the following reason and have attached supporting documentation (e.g., Doctors note for documented illness, letter briefly describing personal difficulty): |                          |            |           |           |
|  |                          |            |           |           |

**Declaration:**

I have read and understand the policy for deferred examinations as outlined in the [University Calendar](#).

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

|   |                     |                           |                   |
|---|---------------------|---------------------------|-------------------|
| <b>SECTION 2: To be completed by the Associate Registrar, Student Accounts, Systems &amp; Reporting</b> |                     |                           |                   |
| Date Received   | Exam to be moved    | New date and time of exam | New exam location |
| Student Notified  | Instructor Notified | Notes (if applicable)     |                   |
|   |                     |                           |                   |

**Privacy Statement:**

The personal information collected on this form will be used for the purpose of providing services to students and maintaining student records. The information is collected, used, disclosed and protected in accordance with Alberta's Personal Information Protection Act and St. Mary's University Privacy Policy. If you have any questions about the collection and use of this information, contact the Privacy Officer at 403.254.3132 or [privacy@stmu.ca](mailto:privacy@stmu.ca).