REQUEST FOR EXAM DEFERRAL Queen's University

Bachelor of Health Sciences (Honours) Program Office

bhsc@queensu.ca 613-533-2566 Botterell Hall, Room 553 18 Stuart Street

Kingston, ON K7L 3N6

For students who wish to request a deferred examination, the instructor may require a written appeal and/or medical certificate or other documentation that demonstrates extenuating circumstances. Permission may be granted to postpone an examination for up to one year, and should be given to the student in writing. The mark IN along with a numeric mark should be entered when the instructor has given the student permission to write a deferred examination. If the instructor does not submit a revised mark within one year, the notation IN will be removed and the interim mark will become the final mark for the course. Any further deferrals will require an appeal to the Office of the Associate Dean (Studies).

Name:	Level of Study:	
Student #:	Learning Track:	Learning Track:
Email:	(if Applicable)	
Course:		
Term:		
nstructor:		
hat I will not undertake any	ion to write an examination at a time other than the reform of communication concerning the examination we Confidentiality Agreement shall be regarded as a serciplinary proceedings.	ith anyone at any time. I understand tha
Student Signature:	Date:	
Instructor Signature:	Date:	
Associate Director (Studies) Signature:	Date:	

The personal information collected on this form is collected under the legal authority of the Royal Charter of 1841, as amended. The information collected will be used to make a decision regarding your appeal and to provide a response. This information will be retained for a minimum of five years in accordance with the Queen's Records Management Policy, 2003. If you have any questions or concerns about the information collected or how it will be used, please contact the *Bachelor of Health Sciences (Honours)* Program Office at bhsc@queensu.ca.