



Arts & Science  
Program

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**PETITION FOR SPECIAL CONSIDERATION (FORM B)**  
**Request for Deferred Examination**

Name: \_\_\_\_\_ Student No: \_\_\_\_\_  
McMaster E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Program: \_\_\_\_\_ Level: \_\_\_\_\_

Address: \_\_\_\_\_

Reason examination(s) not written:  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Supporting documentation must be attached.**

SUBJECT & COURSE CODE	TERM	INSTRUCTOR	Date and Time of Exam

**Note: You must check each box and sign below:**

I understand that, if granted, this deferred exam **must** be written as follows, and if not written **cannot be deferred a second time.**

- a) December exams will be written during Reading Week (in February)
- b) April exams will be written in late June
- c) Spring/Summer exams will be written during the December Final Exam period

I understand that it is my responsibility to check my grade report, when available, in **MOSAIC** to confirm the decision for my Request for Deferred Examination.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

- Approved
- Denied

Comments: \_\_\_\_\_

Authorizing Signature: Date: \_\_\_\_\_