

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 confirm that I **did not** attend or participate in any capacity in the above Examination(s).
- I confirm that I have completed all other requirements for the above course(s) and have done well enough to pass the course if granted a deferred examination. I understand that approval for a deferred examination will be rescinded if this is found to be untrue. Please complete the form on the second page.
- I understand that, if granted, the above deferred exam(s) **must** be written as follows, and if not written **cannot be deferred a second time**.

- a) December exams will be written during the Winter **Mid-term Recess** (in February)
- b) April exams will be written in late June
- c) Spring/Summer exams will be written during the Fall **Mid-Term Recess** (in October)

I understand that it is my responsibility to check **MOSAIC** to confirm that my Request for Deferred Examination has been approved.

Student Signature: _____ **Date:** _____

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FOR OFFICE USE ONLY

Approved Denied

Comments: _____

Authorizing Signature: _____ Date: _____

