



# Application for Deferred Examinations

PLEASE COMPLETE AND RETURN TO THE STUDENT SERVICES OFFICE  
(ALONG WITH SUPPORTING DOCUMENTATION)

## DEFERRED EXAMS

Students who are prevented by illness or bereavement or other acceptable cause from writing a final examination, where one is scheduled, may apply for permission to write a deferred examination. The deferred examination is the final examination for the individual concerned. Where possible, deferred exams should be completed by the last day of the semester, but shall be no later than one week into the subsequent semester.

A request for deferred examinations must be submitted to the Student Services Office within two (2) days after the date on which the regular examination was scheduled. The request for a deferred examination will be assessed by campus administration (or designate) in consultation with faculty members. Students should note that permission to write deferred examinations is a privilege, not a right, granted solely on the basis of extenuating circumstances.

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_ City/Town Prov Postal Code

Program of Study: \_\_\_\_\_ Year:  1  2  3

Campus: \_\_\_\_\_

Are you receiving Accessibility Services? (to determine if any accommodations need to be arranged)  Yes  No

TO BE COMPLETED BY STUDENT	TO BE COMPLETED BY COLLEGE	
	Approved	Not Approved
Subject Name and Number (eg. MA1100 Mathematics)		

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process your request and to update your academic record. It will only be used for this purpose. Personal information you provide may be disclosed to Admissions staff. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College's Registrar at 709-643-0827. For more information about the ATIPPA please visit [www.cna.nl.ca/about/atippa.asp](http://www.cna.nl.ca/about/atippa.asp).

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

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

\_\_\_\_\_  
Date

OFFICE USE ONLY:

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