

Undergraduate Student Services

Faculty of Arts

6-5 Humanities Centre Edmonton, Alberta, Canada T6G 2E5 www.arts.ualberta.ca

Tel: 780.492.4295 Fax: 780.492.6325

Request for Deferral of Examinations and/or Term Work

Note: This statement, once signed and submitted, will be retained in the class record book, available to the Faculty if requested.

1	St	tudent ID#,
(print name in full)		- /
of		in the province of Alberta,
(address)		
declare that I missed		
(examination	n, other course work, d	lescribe)
•		
in, course, number, section)	(mo/day/yr)	, (instructor)
and that I was absent from the University	ersity of Alberta for th	ne following time period:
	•	-
art date (mo/day/yr): End date (mo/day/yr):		
for the following incapacitating reas	con(s) (attach addition	al page if required):
8 11 8	(1)	r. P. G. T. T.
If reason is medical, do you have medic	val documentation that v	you choose to submit?
		u cannot be required to provide such documentation.
Have you attached documentation for o	ther reasons? Yes	No
Tours less their sets tours and some sets and sometimes.	. 1 .12 . 2 . 2 . 4 . 1	
		and knowing that it is of the same force and effect as d to be a violation of the Code of Student Behaviour
and be sanctioned accordingly.	ii of facts may be found	1 to be a violation of the Code of Student Benaviour
	may be examined and if	f I have missed a substantial portion of the term work
I may not be eligible for a deferred example of the state		Thave missed a substantial portion of the term work
		nanent academic file and that repeated such requests
may invite investigation as to their auth		and that repeated such requests
-	·	
Signed,	D	Date:
(student's signature)	
Received, witnessed:		
		ts USS, or, for matters of term work, the
instructor , copy to be retained in th		,

Completion and submission of this form does not imply approval for an excused absence and deferred examination.