

## FINAL EXAM DEFERRAL REQUEST FORM

Alexander College believes strongly in the principles of natural justice and student self-advocacy

The purpose of this form is for students to submit a formal request for deferral of a final exam.

Students may submit this request when circumstances beyond their control prevent them from attending at the scheduled exam time. The request must be approved by both a Director and the Instructor.

- Final exam deferral requests, for situations known in advance, must be submitted at least 10 calendar days prior to the last day of classes.
- If the request refers to a missed final exam, this form must be submitted no more than 5 calendar days after the exam date.

Requests will be granted only in exceptional circumstances such as a death in the family, medical emergency, or a technical difficulty during an online exam. Any requests arising from poor planning or inconvenience, such as booking a flight before the exam schedule is published or conflict with another activity, will not be approved.

| Student Name | Student ID |
|--------------|------------|
| Full Address | E-mail     |

## Pay \$150.00 fee per exam (payment instructions will be given for approved requests)

Attach supporting evidence (medical documentation, flight tickets, proof of technical issue, etc.) Please note: if there is a conflict between your exam at Alexander College and an exam at another institution, you must submit printed proof of registration in the course and the final exam schedule from the other institution.

Submit this form and supporting evidence to the Office of Student Rights and Responsibilities by email srr@alexandercollege.ca

| Course Name and Section   | Scheduled Exam Date | Course Delivery Format<br>(in-person or online) | Exam Delivery Format<br>(in-person or online) | Course Instructor |  |  |
|---|---------------------|---|---|-------------------|--|--|
|   |                     |   |   |                   |  |  |
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|   |                     |   |   |                   |  |  |
| Why do you wish to defer your final exam(s)?  |                     |   |   |                   |  |  |
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|   |                     |   |   |                   |  |  |
| I understand that a final decision will be made based on the information and supporting evidence that I provide with this form. |                     |   | Date  |                   |  |  |
| Student Signature   |                     |   |   |                   |  |  |