

Request for Deferred and Special Deferred Examinations

Student Name:		Student Number		
		(Date	(Date)	
Pharmacy and Nutrition with granted, Academic Services of be submitted to Student According to the Student According to t	pecial deferred examinations nain three (3) days of the missed of Office of the Registrar will sounts and Treasury payable to de prior to the last working dared examination.	examination. If a deficiency of the deficient could be defined as the University of Sask	erred examination is on. The required fees are to atchewan. To avoid interest	
Deferred Examinations Course/Section/CRN	(Fee - \$40.00) <u>Instructor's N</u>	ame	Date of Exam	
• `	tisfactory documentary ev	-	,	
□ Medical	□ Compassionate	□ Other		
Special Deferred Exami Course/Section/CRN	nation (Fee - \$80.00) <u>Instructor's N</u>	ame	Date of Exam	
Reason for Request: (sa	tisfactory documentary ev	vidence must be pr	ovided)	
□ Medical	Compassionate	Other		
College Decision:				
□ Granted	□ Denied			
Authorization:		Date	·	