LAURIER
Faculty of Science

DEFERRED EXAMINATION REQUEST

For courses taught through the Faculty of Science

OFFICE USE ONLY

Date Received: _____ Initial: _____

❒ Form completed in full ❒ Student Signature ❒ Re-deferral

Decision: ❒ Granted ❒ Denied Fee: ❒ Waived ❒ Applied Strike: ❒ Waived ❒ Applied

Comments/Conditions: _____

_____

Signature of Associate Dean: _____ Date: _____
(or designate)

Reason: Death of a Relative or Close Acquaintance

STUDENT INFORMATION (Please print)

Last Name: _____ First Name: _____ ID# _____

WLU Email ONLY: _____**@mylaurier.ca** Telephone: _____

I am registered to write examinations with the Accessible Learning Centre (ALC) ❒ yes ❒ no

Deferred Examination Requested for:

Course Number	Section	Term	Instructor's Name	Examination Date and Time

Please attach a Print Screen of your Exam Schedule from LORIS.

Use this section **plus additional sheets as necessary** to document fully your reasons for this request. State your request **clearly and explain** your relationship to the deceased.

_____

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Proper **Supporting Documentation** is attached:

❒ An original death certificate, a published obituary notice, or an original note from the funeral home, which clearly indicates your relationship to the deceased.

Please note: The FOS Petitions Committee will not consider petitions that are unsigned and/or petitions submitted without appropriate supporting documentation.

This information is collected under the authority of the Wilfrid Laurier University Act to administer the university-student relationship. This includes, but is not limited to, maintaining your academic and ancillary records, contacting you and others on your behalf, and releasing such information as is appropriate for the operation of the university. Please visit our Privacy Coordinator's web-page www.wlu.ca (under Resources) for more examples of potential uses of your personal information. Questions may be directed to the Coordinator at privacy@wlu.ca or 519-884-0710 ext. 3637.

I acknowledge that by submitting this Petition, I am authorizing the FOS Petitions Committee and/or its representative access to my private records held by Wilfrid Laurier University, other University departments, other institutions, physicians or other health-care providers.

The decision of the Associate Dean / Petitions Committee ***will be conveyed via your myLaurier e-mail address ONLY.*** *If you are expecting a response from the Associate Dean's Office, you must regularly check your myLaurier account.*

Student's Signature _____ Date _____