

## MIDTERM EXAM DEFERRAL REQUEST FORM

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

Students may submit a formal request to defer the date of a midterm examination when circumstances beyond their control prevent them from attending at the scheduled exam time. The request must be in writing and must be approved by both a Director and the Instructor.

Requests will be granted only in exceptional circumstances such as a death in the family or a medical emergency. 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.

- ✓ Exam deferral requests, for situations known in advance, must be submitted at least **10 business days** prior to the exam.
- ✓ If the request refers to a missed exam, this form must be submitted no more than **5 business days** after the exam date.

**Instructions:**

- ✓ **Pay \$150.00 fee per exam (payable at the Bookstore). This form must be stamped by Bookstore or receipt attached.**
- ✓ **Attach supporting evidence (medical documentation, flight tickets, 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, proof of payment, and attached supporting evidence to the Reception Desk. Request forms which are illegible, submitted without proof of payment, or without supporting evidence will not be accepted.**

Student Name	Student ID
Address	City
Telephone #	Email

Email address must be clearly written. **No handwriting.**

Course Name (and section)	Scheduled Exam Date	Scheduled Exam Time	Campus Location	Course Instructor

**Why do you wish to defer your midterm exam(s)?**

*I understand that a final decision will be made based on the information and supporting evidence that I provide with this form. I understand that I cannot come back later with more information or a different reason for deferral.*

**Date**

**Student Signature**



**Vancouver Campus**  
#100-602, West Hastings Street  
Vancouver British Columbia, V6B 1P2, Canada  
Tel. (604) 681 5815 Fax. (604) 681 5819

**Burnaby Campus**  
#101-4603, Kingsway  
Burnaby British Columbia, V5H 4M4, Canada  
Tel. (604) 435 5815 Fax. (604) 435 5895

**OFFICE USE ONLY** *(Please do not write in this area)*

**Student Attendance and/or Academic Record**

**Comment from Instructor**

**Comment from Director**

**Committee Decision**

**ACTION**

**Name (please print)**

**Signature**

**Date Signed**

**Date Student Notified**