

Vancouver Campus #100-602, West Hastings Street Vancouver British Columbia, V6B 1P2, Canada Burnaby British Columbia, V5H 4M4, Canada Tel. (604) 681 5815 Fax. (604) 681 5819

Burnaby Campus #101-4603, Kingsway Tel. (604) 435 5815 Fax. (604) 435 5895

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.

- 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.
- If the request refers to an inability to finish an online exam due to a technical issue, the issue has to be reported to the instructor on the day of the exam, and this form must be submitted within 2 business days.

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				
Address			City			
Telephone #			Email			
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 Affairs by email studentaffairs@alexandercollege.ca						
Course Name (and section)	Scheduled Exam Date	Schedul	ed 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. Student Signature					Date	



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OFFICE USE ONLY (Please do not write in this area)						
Student Attendance and/or Academic Record						
Comment from Instructor						
Comment from Director						
Committee Desiries						
Committee Decision						
ACTION						
Name (please print)	Signature	Date Signed				
		Date Student Notified				