

# PETITION FOR SPECIAL CONSIDERATION: DEFERRED EXAMINATION REQUEST (FORM B)

## STUDENT INFORMATION

**Student Name:** \_\_\_\_\_ **McMaster Student #:** \_\_\_\_\_

**McMaster Email Address:** \_\_\_\_\_@mcmaster.ca

**Level:**      1      2      3      4      **Site:**    McMaster    Mohawk    Conestoga

**Stream:**      Basic (A)      Post RPN (E)      Accelerated (F)

## COURSE INFORMATION

Please list the course(s) which you are requesting a deferred final examination:

COURSE CODE	TERM			EXAM DATE & TIME
	20__	FALL	WINTER	SPRING/SUMMER
	20__	FALL	WINTER	SPRING/SUMMER
	20__	FALL	WINTER	SPRING/SUMMER

Please outline the reason(s) you are requesting a deferred final examination for the above listed courses (attach extra pages if more space is needed):

I have read and understand the [McMaster Petition for Special Consideration: Deferred Final Examination \(Form B\) policies and guidelines](#). I verify that the information contained in this petition package is complete and valid. I acknowledge that submitting false or misrepresented medical certificates or other documentation in support of requests for concessions on academic work or deadlines is considered to be Academic Dishonesty under the University's policy on Academic Integrity, and that offenses will be dealt with by following procedures set out in the University's [Academic Integrity Policy](#). I further acknowledge that I may be subject to tuition fees and late registration fees.

I have attached supporting documentation (requirements for supporting documentation found [here](#)).

**Student signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This form must be fully completed and submitted via email to [bscnadvising@mcmaster.ca](mailto:bscnadvising@mcmaster.ca) (all sites & streams)