

Request for Out-Of-Time Final Examination

Reception

Suite 100 - 626 West Pender Street,
Vancouver, BC V6B 1V9
Phone: (604) 915-9607 Fax: (778) 331-8268

Date Received: _____ (office use only)

Use this form if you are applying for an Out-Of-Time Final Examination.

PART A: To be completed by Student

Today's Date (YYYY-MM-DD): _____ Student Number: _____

Last name: _____ Given Names: _____

Phone #: _____ Alternate Phone #: _____

Email: _____ Program of Study: _____

Enter the reason for the request for an Out-Of-Time Final Examination in the space provided below. If you need additional space, please attach a separate word processed document. : If you are submitting your request via email, you must follow up with medical certificate or other documentation.

Reason for Request:

Are there any documents that you want the faculty to review? Yes _____ No _____

If 'Yes', enclose the documents with this form. Present your evidence in concise, chronological order.

PART B: To be completed by Program Chair or Designate

Request Approved: _____ **Chair's Name:** _____

Request Denied: _____

Reason for Denial:

I hereby affirm that the information on this form is an accurate description of the circumstances that led to this appeal. I also understand that University Canada West is committed to using personal information collected in accordance with applicable provincial and federal privacy legislation. By completing this form, I am consenting to have the University use the submitted information for the purposes consistent with academic and support services of a post-secondary educational institution.

Signature

Date

Submit this completed form with all your supporting documentation directly to your instructor.