

Permission to Miss a Final Exam



- Medical excuses must be accompanied by a physician's statement. Other excuses must be accompanied by suitable documentation. Please see *Final Exams* section in the calendar.
- You will receive a copy of this form in your student mailbox confirming Registration and Student Finance's decision.
- If your request is approved, an alternate writing time may be required by Registration and Student Finance and/or your instructor. It is your responsibility to contact the instructor to confirm this, and to set up a new writing time that is convenient for your instructor and takes place by the end of the exam period.

NAME: _____ **ID#:** _____ **PHONE:** _____

Course Name and Number	Course Instructor	Exam Date

REASONS: _____

I certify that I was unable on the date (s) given above to take the scheduled final examination in the course(s) listed above. I understand that misrepresentation, falsification of documentation, or withholding of requested information regarding this application are serious offences and could result in a charge under the University's disciplinary code.

Student's Signature _____ Date _____

Director of Enrolment Management and Registrar's Signature _____

Permission Granted Denied **Comments:** _____



Physician's Statement for Missed Final Exams



This form is to be returned to the student in a sealed envelope.

Based on my medical examination, it is my opinion that _____ was unable to take an exam
Print Student Name
 on _____ because of incapacitating illness.
Date of Exam

Date(s) of illness: from: _____ to: _____

Today's Date: _____ Physician Signature: _____

Physician Name _____ Phone Number: _____
Please print

Clinic Name and Address: _____

Additional Comments/ Details (if applicable):

