

## REQUEST FOR DEFERRED FINAL EXAMINATION/ TIME ZONE CONFLICT

**Academic Regulation 8 Tests, Examinations and Evaluations (including Time Zone Conflict)** 

**Academic Regulation 10 Deferred Final Examinations** 

STUDENT INF	ORM	AHON											
Last Name:								First Name:					
A Number:		Α						Phone Numb	er:				
Email:								Time Zone Co	onflict:	Yes		No	
Current Progra							Current Seme	ester:					
Fred Smithers Centre Client? (Disclosure optional):													
COURSE(S) APPLYING FOR:													
			se Number Section				Dato	of Final Evam	f Final Exam		Course Instructor		
Subject	Casjoot Course Humber			Occitori Bate			Of I mai Exam		Course monactor				
REASON FOR	REC	UEST	(ATTA	ACH SU	PPOF	RTING	DOC	UMENTATION	):				
Student Signature:									Date:				
Otacin Oigna			Duto.										
BA ADVISING OFFICE:													
Approval Granted:		Ye	s	No		Date	:		Signatu	ıre:			
Comments:													

As per paragraphs **a, b (Academic Regulation 10) and e (Academic Regulation 8)** above, this form is to be used to request a deferred final examination and/or Time Zone Conflict. Supporting documentation should also be included. The completed form and supporting documentation can be sent to the BA Advising Centre by emailing <a href="mailto:(BAadvising@smu.ca.">(BAadvising@smu.ca.)</a>)