

Undergraduate Student Application for Deferral of Term Work and/or Final Exam

Student Information (Please Print) - to be completed by the student

Last Name	First Name	U of R Student ID (9 digits)
<input checked="" type="checkbox"/> Check only one Student's Primary Academic Unit <input type="checkbox"/> AR <input type="checkbox"/> BU <input type="checkbox"/> CE <input type="checkbox"/> CT <input type="checkbox"/> ED <input type="checkbox"/> ES <input type="checkbox"/> GS <input type="checkbox"/> KI <input type="checkbox"/> MP <input type="checkbox"/> NU <input type="checkbox"/> SC <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SA	<input checked="" type="checkbox"/> Check only one Student's Campus or Federated College <input type="checkbox"/> U of R <input type="checkbox"/> Campion College <input type="checkbox"/> Luther College <input type="checkbox"/> First Nations Univ of Canad	<input checked="" type="checkbox"/> Check only one Term for <input type="checkbox"/> Winter (Jan-Apr) <input checked="" type="checkbox"/> Year: _____ Deferral <input type="checkbox"/> S & S (May-Aug) <input checked="" type="checkbox"/> Year: _____ <input type="checkbox"/> Fall (Sep-Dec) <input checked="" type="checkbox"/> Year: _____

Course Information Complete a form for each course in which you are requesting a deferral

CRN	Subject	Course Number	Section	Credit Hours	Nature of work to be deferred	Check only one
						<input checked="" type="checkbox"/> Term Work <input type="checkbox"/> Final Exam <input type="checkbox"/> Term Work and Final Exam

REASON	SUPPORTING DOCUMENTATION
<input checked="" type="checkbox"/> Check only one <input type="checkbox"/> Illness or Accident <input type="checkbox"/> Compassionate <input type="checkbox"/> * Other	<input checked="" type="checkbox"/> Check only one <input type="checkbox"/> Attached <input type="checkbox"/> To Follow <input type="checkbox"/> Attached <input type="checkbox"/> To Follow <input type="checkbox"/> * Please explain: _____ _____ _____

Requests for the deferral of course work that are made after the scheduled final exam date of a class are subject to the approval of the dean (or designate). **Requests must be received within 3 business days of the scheduled final exam date or they will be denied.** Submit this form to your faculty, federated college, or academic unit.

Your personal information is collected under the authority of the University of Regina Act, and in accordance with the Local Authority Freedom of Information and Protection of Privacy Act (Saskatchewan) and the Personal Information Protection and Electronic Documents Act (Canada), for the purpose of an Application for Deferral of Term Work and/or Final Exam. If you have any questions about the collection, use, or disclosure of this information by the University, please contact the Head, Access to Information and Protection of Privacy, (306) 585-5545.

Signature of Student _____ DD-MMM-YYYY	<input checked="" type="checkbox"/> Agree	Office Use Only - new time and date _____ on: _____ Time DD-MMM-YYYY
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The University of Regina's official means of communication is through email to your University of Regina email account.

DECISION - to be completed by the student's faculty, federated college, or academic unit

Name of instructor: _____ <small>Printed name</small>	Original final exam date: _____ <small>DD-MMM-YYYY</small>	Request was received within 3 business days of the final exam: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supporting documents received: _____ <small>DD-MMM-YYYY</small> <input type="checkbox"/> Adequate <input type="checkbox"/> Not adequate	Instructor consulted: _____ <small>DD-MMM-YYYY</small> <input type="checkbox"/> In Good Standing <input type="checkbox"/> Not in Good Standing	Application decision: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Instructor Notified
Interim Grade. New deadline for completion, in the term following the deferral: <input type="checkbox"/> DE - Term Work and/or Final Exam Fall class: <input type="checkbox"/> Jan 31 or <input type="checkbox"/> *end of winter term NP (Not Passed) grade if DE not completed <input type="checkbox"/> IN - Term Work Only Winter class: <input type="checkbox"/> May 31 or <input type="checkbox"/> *end of s/s term Enter the final grade for IN if course is not completed. S/S class: <input type="checkbox"/> Sep 30 or <input type="checkbox"/> *end of fall term		*Dean (or designate) may extend a deferral up to the end date of the following term in which the class was taken. A deferral for a fall course, for example, may be extended to the end of the winter term. *Please notify the RO of any <u>change</u> to a previously approved completion deadline.

If the course you are approving is not within your academic unit please consult the department head of the course.

Signature of Dean, Director, or Designate of the student _____ <small>DD-MMM-YYYY</small>	<input checked="" type="checkbox"/> Check to confirm approved application has been sent to the Registrar's Office. <input type="checkbox"/> DE and IN grades entered by the RO are displayed on the DOME class list. <input checked="" type="checkbox"/> Scan and upload the form to URDocs except CCE. <input checked="" type="checkbox"/> CCE-Scan and email the form to the RO at UofR.Grades@uregina.ca.
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Dean's notes: