



**UNIVERSITY**  
OF THE BAHAMAS

**REQUEST FOR EXTRAORDINARY SITTING OF FINAL EXAMINATION**

A student may request an extraordinary sitting of a final examination if he or she was hospitalised on the day of the original examination; can produce medical certification that he or she was ill and confined to bed on the day of or at least two days prior to the original examination; or suffered a death in his or her immediate family (that is, parents, legal guardian, spouse, children or siblings) on the day of or the day immediately prior to the original examination. Students must submit a **REQUEST FOR EXTRAORDINARY SITTING OF FINAL EXAMINATION** to the Academic Dean through the Unit Head of the examining Academic Unit and take the completed form along with proof of payment of the \$75.00 Extraordinary Sitting of Final Examination fee (subject to change) to the Records Department **no later than 5 working days after the day of the original examination**. Normally, Extraordinary Examinations must be sat no later than the next regularly scheduled examination period for the course. If approved, an 'XE' will be placed on the student's transcript.

Name of Student: \_\_\_\_\_ ID #: \_\_\_\_\_  
Please Print

Status (check one): [ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior

UB E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Abbreviation/Number: \_\_\_\_\_ Course Section: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ Semester/Session Course Taken: \_\_\_\_\_ Year Taken: \_\_\_\_\_

Course Fulfills (check one): [ ] Major Area [ ] Minor Area [ ] General Education [ ] Elective

Scheduled Time of Original Examination: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day of week / Date / Time

**Reason for Request, With Supporting Documentation (check one):**

- [ ] Hospitalised on day of original examination.
- [ ] Ill and confined to bed on the day of or at least two days prior to the day of the original examination.
- [ ] Death in immediate family on the day of or the day immediately prior to the original examination.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

[ ] Request Denied / [ ] Request Approved / Extraordinary Examination to be Taken: \_\_\_\_\_

Signature, Academic Unit Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature, Academic Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR RECORDS DEPARTMENT USE ONLY**

Receipt of Extraordinary Sitting of Final Examination Fee: [ ] Yes [ ] No

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Signature, Director of Records: \_\_\_\_\_ Date: \_\_\_\_\_