



REQUEST FOR EXTRAORDINARY SITTING OF A FINAL EXAMINATION

A student may request an extraordinary sitting of a final examination if (1) he or she was hospitalised on the day of the original examination; (2) can produce medical certification that he or she was ill and confined to bed on the day of (or at least 2 days prior to) the original examination; (3) 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 (4) experiences other extenuating circumstances. Students must submit a Request for Extraordinary Sitting of a Final Examination to the Academic Dean through the Head of the examining Academic Unit no later than 5 business 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. Students wishing to take the extraordinary examination prior to the next regularly scheduled final examination period shall be charged the extraordinary sitting of a final examination fee. If approved, an 'XE' will be placed on the student's transcript.

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

ID #: \_\_\_\_\_ 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 Requirement

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 2 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.
[ ] Other extenuating circumstance.

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

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

Extraordinary Examination Fee: [ ] Required [ ] Not Required

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

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

OFFICE OF THE REGISTRAR

Receipt of Extraordinary Sitting of Final Examination Fee: [ ] Yes [ ] No [ ] Not Required

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

Signature, Registrar/Deputy Registrar: \_\_\_\_\_ Date: \_\_\_\_\_