



# MARINE INSTITUTE

## APPLICATION FOR DEFERRED EXAMINATION(S)

NAME:

STUDENT NUMBER:

PROGRAMME:

SEMESTER:

EMAIL:

PHONE NUMBER:

I have reviewed the *Deferred Examination Regulations* and would like to write a Deferred Examination(s) for the following Marine Institute course(s):

Course Name

CRN

Exam Date

Reason for applying to write Deferred Examination(s). *(Please provide supportive documentation.)*

STUDENT SIGNATURE

DATE

**Once this form is completed, or if you have any questions or concerns about this form, please email the form (including any supportive documentation) to:**

[reghelp@mi.mun.ca](mailto:reghelp@mi.mun.ca)

**Access to Information and Protection Policy:** The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information, please contact the Office of the Registrar at [miregistrar@mi.mun.ca](mailto:miregistrar@mi.mun.ca).