

IMPORTANT INFORMATION

Exam deferral requests will be considered for extenuating circumstances with proper documentation and advanced notification to the instructor and program coordinator. Final approval is at the discretion of the program coordinator. There will be no exceptions, other than under exceptional and documented circumstances or for medical-related reasons.

DEADLINE: No later than 48 hours prior to the exam date.

STUDENT INFORMATION

FIRST NAME: _____ LANGARA ID: _____

FAMILY NAME: _____ CONTACT NUMBER: _____

EMAIL: _____

COURSE INFORMATION

COURSE NAME: _____ COURSE CRN: _____

INSTRUCTOR: _____ EXAM DATE: _____

PROGRAM COORDINATOR: _____ TERM: _____

I wish to be considered for a deferred exam for the following reason(s) (attach documentation):

STUDENT'S SIGNATURE: _____ DATE: _____

SUBMIT COMPLETED FORM

In Person: Continuing Studies Office, Langara College, 100 West 49th Ave., Vancouver, BC V5Y 2Z6

By Email: csgeneral@langara.ca

OFFICE USE ONLY

Date Received: _____	Received By: _____	Additional Comments
APPROVED		_____
DENIED	Decision Date: _____	_____
Instructor Informed	Student Informed	_____
