Deferred Examination Request Form

Name: ___________________________  Student Number: _______________________

Course Code: _____________________  Lecture/Tutorial Section: _________________

Instructor: ____________________________

Original Date of Test: ______________________________

If you wish to waive any of your approved accommodations, please list them below:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Scheduling Concerns:
Will you be writing other final or deferred exams during this term’s final exam period?

☐ Yes  ☐ No

I give AccessAbility Services consent to provide my name and student number to the University of
Toronto Scarborough Office of the Registrar for the purpose of scheduling and obtaining my deferred
examination.

Student Signature ________________________________
FOR OFFICE USE ONLY

- Accommodations active
- Accommodations Expired.
  Student notified ______________ (date).

Deferred date and time: ____________________________

Obtain from: __________________________________________

Room: ________________ Duration: ________________

Format of exam: _______________________________________

Aids allowed: _________________________________________

- Emailed Professor  ☑ N/A (student will be writing with class)

For late submission only

- Invigilation arranged  ☑ N/A
- Data sheet printed  ☑ N/A (i.e. batch printing not yet run)
- Daily lists updated  ☑ N/A (i.e. batch printing not yet run)
- Exam script printed & attached to data sheet  ☑ N/A (i.e. batch printing not yet run)
- Consultant follow up required - NA / PA
- Seating Checked

Notes:
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