

REQUEST FOR A DEFERRED MARK (DFR)

The symbol DFR is used whenever, in the judgment of the responsible authority, a student presents a valid reason for being unable to satisfy all course requirements, in that case, the student must complete all requirements within a time limit determined by the professor, such a limit may not exceed 12 months.

If no mark has been received by the undergraduate studies office within the limit determined by the professor, the grade DFR will be replaced by EIN (0).

STUDENT							
SURNAME		GIVEN NAMES				STUDENT NO.	
PROGRAM OF STUDIES <input type="checkbox"/> HUMAN KINETICS <input type="checkbox"/> HEALTH SCIENCES <input type="checkbox"/> NURSING <input type="checkbox"/> SCIENCES DE LA NUTRITION							
COURSE CODE	SECTION	COURSE TITLE			PROFESSOR'S NAME		
SESSION	<input type="checkbox"/> FALL (SEPT. - DEC.)	YEAR	<input type="checkbox"/> WINTER (JAN. - APRIL)	YEAR	<input type="checkbox"/> FALL-WINTER (SEPT. - APRIL)	YEAR	<input type="checkbox"/> SPRING-SUMMER (MAY-AUGUST)
		2 0		2 0	2 0 - 2 0		2 0
REASON FOR REQUEST * <input type="checkbox"/> MEDICAL <input type="checkbox"/> SEE ATTACHED DOCUMENT <input type="checkbox"/> OTHER, SPECIFY : _____							

* PLEASE ATTACH ANY SUPPORT DOCUMENTATION TO THIS REQUEST.							
				DATE		SIGNATURE (STUDENT)	

PROFESSOR AND PROGRAM DIRECTOR						
<input type="checkbox"/> DFR GRANTED	DEADLINE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">YEAR</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">DAY</td> </tr> </table>	YEAR	MONTH	DAY	MAY NOT EXCEED 12 MONTHS.
	YEAR	MONTH	DAY			
CONDITIONS _____						
<input type="checkbox"/> DFR REFUSED	REASONS FOR REFUSAL _____					

		DATE				
		SIGNATURE (PROFESSOR)				

ACADEMIC UNIT APPROVAL	DATE	SIGNATURE (PROGRAM DIRECTOR)

FOR OFFICE USE ONLY			
SIS	<input type="checkbox"/> 4CABB	<input type="checkbox"/> 4CAAF	
	INIT.	INIT.	