

### REQUEST FOR A DEFERRED MARK (DFR) - UNDERGRADUATE COURSES

The symbol DFR is used whenever, in the judgment of the appropriate authority, a student presents a valid reason for being unable to satisfy the course requirements, in that case, the student must complete all requirements within a time limit determined by the professor and approved by the School, such a limit may not exceed 12 months. If no mark has been received by the Academic Office within the limit determined by the professor, the grade DFR will be changed to EIN (0).

**IMPORTANT:**

- A request for deferred mark may have an impact on enrollment. If the course requirements of a deferred course are not satisfied prior to the date of when official final grades for the term are posted, the student will be withdrawn from the courses for which this course is a prerequisite.
- The awarding of your diploma may be delayed.

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"/> NUTRITION SCIENCES		
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)	YEAR
		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 SUPPORTING DOCUMENTATION TO THIS REQUEST										

PROFESSOR																		
<input type="checkbox"/> DFR GRANTED	}	DEFERRED EXAM DATE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">YEAR</td> <td style="width: 20px;">MONTH</td> <td style="width: 20px;">DAY</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			YEAR	MONTH	DAY				DEFERRED EXAM TIME _____		AM	PM	LOCATION _____		
		YEAR	MONTH	DAY														
CONDITIONS AND COMMENTS																		
<input type="checkbox"/> DFR REFUSED	}	REASONS FOR REFUSAL	_____															
		_____																
					DATE		SIGNATURE (PROFESSOR)											

*I confirm that I have read and understand the instructions and requirements set out in this form and that all information and documents provided with my request for a deferral are accurate and truthful. In addition, I confirm that I have taken note of the date and time of my deferred examination.*

\_\_\_\_\_  
DATE SIGNATURE (STUDENT)

PROGRAM DIRECTOR APPROVAL

\_\_\_\_\_  
DATE SIGNATURE (PROGRAM DIRECTOR)