

Date Received: \_\_\_\_\_ Faculty of Social Sciences Exam Session: \_\_\_\_\_

**Petition for Special Consideration  
Application for Deferred Examination**

This form must be submitted within 5 business days of missed examination

Date: \_\_\_\_\_ Student Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_@mcmaster.ca Program & Level: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
Apt. Number Street Address

\_\_\_\_\_ City Province Postal Code

Reason for failure to write the examination(s): \_\_\_\_\_

Subject & Course Code	Term	Instructor	Date & Time of Exam	Student Signature (see note * below)

\*Note: Student must check ✓ each box below, sign and date form:

I confirm that I have completed all other requirements for this course and have done well enough to pass the course if my deferred examination is granted and I understand that approval for a deferred examination will be rescinded if this is found not to be the case.

I understand that if granted, this deferred examination will be written as follows and if not written **cannot be deferred a second time:**

- a) December exams will be written during the Winter **Mid-Term Recess Period** (in February)
- b) April exams will be written in late June
- c) Spring/Summer exams will be written during the Fall **Mid-Term Recess Period** (in October)

I understand that it is my responsibility to check **MOSAIC** to confirm that my petition has been approved.

I understand misrepresentation of my academic situation may result in charges of academic dishonesty

I understand that if I am granted more than one deferred exam during a term, I may be required by the Faculty of Social Sciences to reduce my course load during the term in which the deferred exams are being written. The decision on a reduced load will be made and communicated with the decision on the petition for deferred examinations.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only:**

**Approved by Reviewing Committee**

**Must reduce Term coursework**

**Not approved by Reviewing Committee**

**Must meet with Academic Advisor**

**Notes:**

**One-time only without documentation**

Authorizing Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The information gathered on this form is collected under the authority of *The McMaster University Act, 1976*. The information is used for the academic, administrative, and statistical purposes of the Faculty of Social Sciences including, but not limited to, maintaining records; academic counseling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act of Ontario* (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Associate or Assistant Dean, Faculty of Social Sciences, Kenneth Taylor Hall, Room 129, McMaster University.