

**Supplemental Examination and/or Summer Remedial Clinic
Dentistry and Dental Hygiene Application**

Each student who is eligible for a supplemental examination and/or a summer remedial clinic is required to make a formal application to write the examination. A \$25.00 fee is required for each examination.

Applications, accompanied by the \$25.00 fee for each examination should be completed and returned to the Office of the Dean of Dentistry, and/or the School of Dental Hygiene by July 15.

I hereby make application to be admitted to supplemental examination(s) and/or summer remedial clinic in the following subject(s) at the appointed time.

	<u>Course Name</u>	<u>Course Number</u>	<u>Cost</u>
1.	_____	_____	\$25.00
2.	_____	_____	\$25.00

Please make cheque payable to Dalhousie University

Please Print

Name: _____

Address: _____

Signature of Applicant

Date

Signature of Assistant Dean Academic Affairs

Date

Students must contact the Course Director(s) and make arrangements to complete the supplemental examination(s) during the supplemental examination period (July 15 - August 8). Students may make application to the Office of the Assistant Dean Academic Affairs to complete supplemental examinations outside the supplemental examination period.

I _____, have agreed to provide the Supplemental Examination on the date indicated.
Course Director (please print)

Date of Supplemental Examination: _____

Student Signature

Course Director Signature

The Course Director will attach a copy of the remedial program and forward the signed form to the Department Chair/Director, School of Dental Hygiene.

Assistant Dean Academic Affairs Signature

Date

To be completed if requesting to take the Supplemental Examination outside the designated period.

I _____, request permission to take the Supplemental Examination in Course _____
Student (please print)
outside the official time designated for Supplemental Examinations. I agree to take the examination on the date indicated above and acknowledge that I have had sufficient time to prepare for the examination. I understand that I cannot appeal the Supplemental Examination results on the grounds of inadequate preparation time.

Distribution:

- **Original to Supplemental examination File**
- **Copy to student**
- **Copy to Course Director**
- **Copy to student file**