

## Examination Deferral Request Form

This request should be made well in advance of examinations when possible. For illness or personal problems that arise immediately prior to the exam and prevent attendance at that examination, the UGME Office must be notified immediately.

Student's Name and year of Study: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Examination(s) you wish to defer: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

On what grounds do you request the deferral?

- a) Illness/personal/family related (Support from Student Affairs is required. Please contact Student Affairs Office with details and/or medical certificate)

Student Affairs support:

\_\_\_\_\_

Signature of Assistant Dean or Director

\_\_\_\_\_

Date

- b) Other. (Prior to approval, the Associate Dean will request support from the appropriate unit head or clerkship director) Please provide details:

This request will be considered by the Associate Dean of Undergraduate Medical Education. ***If the request is denied, and an examination is or has been missed, it will be considered a failure and a mark of zero recorded.***

Approved

Denied

\_\_\_\_\_

Associate Dean

\_\_\_\_\_

Date

---

**Please Email this form to [UGME@dal.ca](mailto:UGME@dal.ca)**