

### INSTRUCTIONS

Should an extension of time be required for completion of term work, papers, assignments or instructor-scheduled tests beyond the end of the term, this form is to be completed as outlined below. **Deferrals are granted at the discretion of the faculty offering the course** and are normally granted for 30 days after the last day of the term.

Here are the steps for obtaining a a deferral of term work:

1. Student completes the first section of this form, indicating reasons and attaching, where appropriate, supporting documentation. The student takes/emails the form to the Instructor of the course, who will completes section two.
2. Instructor completes section two and indicating the completion date. The completed form and supporting documentation is emailed by the instructor to the office of the Faculty offering the course for final approval.
3. The Faculty offering the course has the final approval for the deferral of term work request and completes section three. Faculty offices may alter completion dates, in alignment with university regulations. The approved form is then emailed to [examinfo@ucalgary.ca](mailto:examinfo@ucalgary.ca) in the Registrar's Office. The faculty retains the supporting documentation for a one year period.

### 1 STUDENT

Name: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (C) \_\_\_\_\_ (P) \_\_\_\_\_ ( )

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Student's Faculty: \_\_\_\_\_

Term Course Taken: \_\_\_\_\_

Course Name, Number & Section: \_\_\_\_\_

\_\_\_\_\_

Deferral requested for: (indicate whether test, assignment, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Original completion date: \_\_\_\_\_

Reason term work was not completed within session: (if medical, provide evidence) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature: \_\_\_\_\_

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

### 2 INSTRUCTOR

Agreed completion date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

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

(Approval of instructor is indicated by signing this form.)

### 3 FACULTY OFFICE (offering the course)

Approved

Not approved

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

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Faculty Signature

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

