



# REQUEST FOR OUT-OF-TIME FINAL EXAMINATION

## DIRECTIONS TO STUDENTS:

Please refer to the [Out-of-Time examination policy](#) before completing this form. Please note this form must be completed and submitted to the Dean, Director or Regional Dean 14 calendar days before the exam is scheduled to take place.

Complete Part A of this form and submit it to your professor/instructor to complete Part B. When Part A and Part B are fully completed with all signatures, it is the student's responsibility to ensure this form is submitted to the Program Dean or Director in Kelowna or to the Regional Dean in Penticton, Vernon and Salmon Arm.

A separate form must be completed for each out-of-time final examination request.

You may pick up your copy of the fully completed form, indicating approval or denial, at the office to which you submitted it.

## PART A: To be completed by the student

Student's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Student ID: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Student Email Address: \_\_\_\_\_  
 Course & Section Number: \_\_\_\_\_ Professor/Instructor Name: \_\_\_\_\_

Officially Scheduled Date and Time of the Exam: \_\_\_\_\_

Reason for the Request: (Attach a separate sheet if you need more space. Also attach any required documents.)

\_\_\_\_\_  
\_\_\_\_\_

## PART B: To be completed by the Professor/Instructor. Please provide any comments you wish to make regarding this request below

Rescheduled Exam: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room: \_\_\_\_\_ Duration: \_\_\_\_\_

Sitting with Exam Course & Section \_\_\_\_\_ Invigilator: \_\_\_\_\_

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

If you approve of a rescheduled exam, give your preferred date and time for the exam

Professor/Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART C: To be completed by the Dean, Director, or Regional Dean

Request Approved

Request Denied  Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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