



www.ocadu.ca  
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# Request for Deferred Examinations/Critiques

Any personal information collected on this form is protected under the Freedom of Information and Protection of Privacy Act. The information you provide will be used to update your OCAD U records. These records are only viewed by OCAD U administrative staff and are not released to any other parties.

Students may request permission to write a deferred examination or critique for medical or compassionate reasons or because of a conflict with religious obligations.

The completed form and proof of fee payment must be submitted to the Office of the Registrar:

- No more than 10 business days after publication of the final examination schedule for religious obligations (**no fee**)
- No more than 5 business days after the final examination on medical or compassionate grounds (**\$70 per exam**)
- More than 10 business days after publication of the final examination schedule for religious obligations (**\$70 per exam**)

Last Name:	First Name:	Student Number:
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Reasons for Request: <input type="checkbox"/> Religious Obligation <input type="checkbox"/> Medical Reason ( <i>requires medical certificate</i> ) <input type="checkbox"/> Compassionate Reason ( <i>requires supporting documentation</i> )	Please explain:  Do you write your exam(s) through the Centre for Students with Disabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO
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### COURSE INFORMATION:

Academic Year: 2 0 ____ ____ / ____ ____  Term: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Course Code and Title:
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Original date of examination/critique:	Course Instructor:  Tutorial Assistant (if applicable):
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Academic Year: 2 0 ____ ____ / ____ ____  Term: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Course Code and Title:
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Original date of examination/critique:	Course Instructor:  Tutorial Assistant (if applicable):
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I am requesting a deferred examination/critique for the above course(s):	
_____ <b>Student Signature</b>	_____ <b>Date</b>

### FOR OFFICE USE ONLY:

<b>Received by:</b> _____ <b>Date:</b> _____  <input type="checkbox"/> <b>Deferred examination fee (Paid) 11-03-60200-402304</b>	<b>Decision:</b> <b>Approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Deferred exam date:</b> _____ <input type="checkbox"/> <b>Course Instructor notification</b> <input type="checkbox"/> <b>Alternative Examination</b> <input type="checkbox"/> <b>Invigilator secured</b> <input type="checkbox"/> <b>CSD accommodation</b>
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# Request for Deferred Examinations/Critiques

## METHOD OF PAYMENT

- Cheque/Money Order (payable to OCAD University)  
 Credit Card     American Express     MasterCard     Visa

Credit Card Holder's Name (as it appears on the card):
Credit Card Number:
Expiry Date (MM/YYYY):
Total Amount:
Card Holder's Signature:

The information provided above is true and does not contain any false or misleading facts.

- I authorize OCAD University to charge the above amount for the payment of the fee to my credit card. I accept responsibility for any fees and penalties incurred as a result of a declined credit card transaction.

## OFFICE USE ONLY

Date \_\_\_\_\_ Student Number \_\_\_\_\_ Student Name \_\_\_\_\_

- Application fee \$70 per exam (except: Religious Obligation\*)

\* Late requests for an examination or critique deferral for religious observance are subject to a fee.

Total Amount: \_\_\_\_\_