www.ocadu.ca
**Office of the Registrar**
230 Richmond St. W., Level 5, Toronto, ON Canada M5V 3E5
**TELEPHONE:** 416.977.6000, ext. 235 **FACSIMILE:** 416.977.4201
**EMAIL:** regservices@ocadu.ca

# 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: |
|---|---|---|
| | | |

Reasons for Request:

☐ Religious Obligation

☐ Medical Reason (*requires medical certificate*)

☐ Compassionate Reason (*requires supporting documentation*)

Please explain: _____

_____

_____

_____

Do you write your exam(s) through Student Accessibility Services (SAS)? ☐ YES ☐ NO

**COURSE INFORMATION:**

| | |
|---|---|
| Academic Year: 2 0 _____/ _____<br>Term: ☐ Fall ☐ Winter ☐ Summer | Course Code and Title: _____ |
| Original date of examination/critique: | Course Instructor: _____<br>Tutorial Assistant (if applicable): _____ |

| | |
|---|---|
| Academic Year: 2 0 _____/ _____<br>Term: ☐ Fall ☐ Winter ☐ Summer | Course Code and Title: _____ |
| Original date of examination/critique:<br>_____ | Course Instructor: _____<br>Tutorial Assistant (if applicable): _____ |

I am requesting a deferred examination/critique for the above course(s):

_____ _____

**Student Signature** **Date**

**FOR OFFICE USE ONLY:**

| | |
|---|---|
| **Received by:** _____<br>**Date:** _____<br>□ **Deferred examination fee (Paid) 11-03-60200-402304** | **Decision:** **Approved:** □ **Yes** □ **No**<br>**Deferred exam date:** _____<br>□ **Course Instructor notification**<br>□ **Alternative Examination**<br>□ **Invigilator secured**<br>□ **SAS accommodation** |

# Request for Deferred Examinations/Critiques

## METHOD OF PAYMENT

☐ Payment for the above request will be made through a secure form made available to your student email address by the OCAD University Finance Office (Student Accounts). *Acceptable forms of payment include American Express, MasterCard, Visa, Visa Debit, or Mastercard Debit.* By submitting this form, I agree to be charged the above indicated amounts and acknowledge and authorize the use of this process.

_____ _____

**Student Signature** **Date**

**If you do not have an active student email address, please place the credit card holder's information below. This will only be used if your student email account is no longer active (i.e., you have not registered for study since May 2015).**

_____ _____

**Cardholder Name (please print)** **Email Address (please print)**

## OFFICE USE ONLY

Date _____ Student Number _____ Student Name _____

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

Total Amount: _____

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