

Students unable to write their final examination as originally scheduled, may, on application, be granted permission to write a rescheduled examination. The fee for a rescheduled exam is at the discretion of the University, and will range between \$50 and \$150 based on the request. The two reasons for requesting a rescheduled examination are as listed below.

1. Examination relocation requests will only be granted if the student is located over 100km from the originally scheduled location. An examination relocation request must be made in writing to the University no later than two weeks prior to the commencement of the examination period.
2. Special examination requests will only be granted if the student is unable to write due illness or other circumstances beyond their control, or whose performance on the examination has been impaired due to such circumstances. The request must be made in writing to the University no later than one (1) week after the date of the final exam, and be fully supported by appropriate documentation (i.e. doctor's letter). Special exams will be written at the end of the examination period.

Rescheduled examination request decisions are sent to your Nipissing University e-mail account.

Completed forms must be sent to the Office of the Registrar via e-mail or fax at:

**e-mail:** distance\_exams@nipissingu.ca **fax:** 705-495-1772

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID: 

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### COURSE INFORMATION

Course Code: 

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A B C D - 1 2 3 4 - F A 8 0 1 Instructor: \_\_\_\_\_

### SCHEDULED EXAM INFORMATION

Exam Date: 

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M M D D Y Y Exam Time: \_\_\_\_\_ Location: \_\_\_\_\_

### REASON FOR REQUEST: Please check the box that applies and provide appropriate explanation and documentation.

Relocation Request:  Special Examination Request:   
 Fee Range: \$50 - \$100 Fee Range: \$100 - \$150

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

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

### OFFICE USE ONLY:

Approve:  Decline:  Fee: \_\_\_\_\_

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

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

Proctor: \_\_\_\_\_ Exam Date: 

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M M D D Y Y

Exam Time: \_\_\_\_\_ Exam Version:  A /  B

Previous Proctor Contacted: 

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M M D D Y Y Spreadsheet Updated: 

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M M D D Y Y

WebAdvisor Updated: 

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M M D D Y Y Student Notified: 

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M M D D Y Y

Exam Packaged On: 

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M M D D Y Y

#### PROTECTION OF PRIVACY

The information on this form is collected under the authority of the Nipissing University Act, 1992. It is related directly to and needed by the University to support your Request for Special Examination through Nipissing University's Centre for Flexible Teaching and Learning. The information will be used to process your examination and will be disclosed to the staff in the Centre for Flexible Teaching and Learning, the Dean's Office, and applicable proctor. If you have any questions about the collection, use, and disclosure of this information please contact the Centre Flexible Teaching and Learning, Nipissing University, 100 College Drive, North Bay, ON P1B 8L7, 705-474-3450 ext 4343