



UNIVERSITY OF BRITISH COLUMBIA

FACULTY OF LAW | AT ALLARD HALL

EXAMINATION DEFERRAL REQUEST FORM

Note: This form is for examination deferrals only. If you are seeking an extension for a paper or an assignment, you must complete the form entitled "Paper or Assignment Extension Request Form". **Please also read the Examinations Committee Procedures Governing UBC Law Students' Academic Concession Requests** on-line at <http://www.law.ubc.ca/fishbowl/notices.html>.

*** CONFIDENTIAL WHEN COMPLETED ***

Submit your completed form to your UBC Law Advisor (Kaila Mikkelsen (mikkelsen@law.ubc.ca), Assistant Dean, Students (for JD students); Joanne Chung (jchung@law.ubc.ca), Graduate Programme Advisor (for LLM and PhD students); or Chira Perla (perla@law.ubc.ca), Director, Graduate Certificate and Professional Programs (for LLM Common Law and LLM in Taxation students)). If you are submitting medical certificates or supporting documents, you should retain a copy of each document for your records. If you are unable to submit these documents in person, you may email them to the attention of your UBC Law Advisor.

Note: The Chair of the Examinations Committee, or his/her Delegate, will not consider this request until this form is complete and all information or documentation relating to this request has been submitted. Requests for accommodation respecting already missed exams for medical or compassionate grounds **must be made no later than 3 days after the exam date**. Requests based on religious grounds **must be made no later than the last day to add a course for the term (or session in the case of a full-year course) in which the course will take place** (see the UBC Academic Calendar at <http://www.calendar.ubc.ca/vancouver/>).

Term (Check the appropriate box. If you are seeking an accommodation for more than one term, you must use a separate form for each one):

- 1 (Fall) 2 (Spring) 3 (Summer)

PLEASE PRINT CLEARLY

Section 1: To be completed by student.

UBC Student Number: _____

Law Program and Year: _____

Last Name: _____

First Name: _____

Telephone: _____

E-mail Address: _____

List all courses for which you are seeking an examination accommodation. All information is required to process your request.

Course #	Section #	Course Name	Instructor	Exam Day	Exam Date	Exam Time

PLEASE TURN OVER AND COMPLETE OTHER SIDE

Please check the nature of your academic concession request:

Defer Exam

Other (specify): _____

Indicate reasons for this request by circling the appropriate category. Explain these reasons in the space provided below; attach a separate sheet if necessary. Attach all supporting documentation.

a) medical grounds

b) compassionate grounds

c) religious grounds.

Section 2: To be completed by student.

I acknowledge that:

1. I may be writing in a room without a clock.
2. In most cases, I will be writing in a room with other students.
3. If I am deferring my examination(s) to a later date, my examination(s) will be rescheduled at the Faculty of Law at Allard Hall during the following periods (unless I have received express permission from the Chair of the Examinations Committee to deviate from these dates):

December 2013 Examinations:

January 20 – 31, 2014

April 2014 Examinations:

July 2 – 11, 2014

Summer 2014 Examinations:

September 8 – 12, 2014

I further acknowledge that I am available to write my examination(s) on any date and time during the applicable period, and that the Director, Student Academic Services will determine and schedule the date and time of my examination(s) during that period.

If my deferral is based on religious grounds, I acknowledge that the Director, Student Academic Services will determine an alternate date during the regular examination period for me to take the exam, and that I will be required to sign confidentiality undertaking.

Furthermore, I understand that the actual date and time of my examination(s) will be communicated to me by e-mail and that if I have not received notification at least two weeks prior to the applicable deferred examination period, it is **my** responsibility to contact the Faculty of Law and confirm the date and time myself. I am aware that if I fail to appear for my deferred examination(s), a mark of zero will be entered and I will fail the course(s).

Student's Signature

Date

Section 3: To be completed by Chair of the Examinations Committee.

I **approve** this accommodation request I **do not approve** this accommodation request

Comments:

Authorized Signature

Date