



Application for Supplemental Examination

Supplemental exam privileges can be requested when a student has passed all their in-course evaluations, but did not achieve a passing grade after completing the final exam or evaluation.

Students must apply for supplemental exam privileges through the Associate Dean of the School responsible for delivering the course. Students may be allowed to complete up to one (1) supplemental exam or evaluation per semester, provided they do not have a registered academic complaint or student code of conduct offense that semester. Requests for supplemental privileges must be made within ten (10) business days from the end of term in which the failed course appears.

Supplemental privileges may not be granted for experiential learning courses. Students who are granted supplemental privileges forego the right to pursue an academic complaint, grade review or appeal of their final grade.

For a detailed description of the process and procedure for supplemental privileges, please see Section 10.3 of the *Admission Requirements and Academic Regulations*.

To be completed by the student:

Student Name _____ Student Number _____

Date of Birth (YYYY/MM/DD) _____ Email _____

Course Name and Number _____

Reason for Request (attach details and documentation on a separate piece of paper) _____

Signature _____ Date _____

To be completed by the Associate Dean:

Supplemental Privileges approved (yes/no): _____

Will the student complete the supplemental exam in the Test Centre (yes/no): _____

Academic School: _____

School Approval (signature): _____ Date: _____

Note: Student will take this form to the Office of the Registrar to process payment. Once payment has been made, the student will return the form to the Academic School so that supplemental exam can be administered. Please advise the Office of the Registrar via SAF of the grade change after the supplemental exam has been completed and assessed.

Office of the Registrar Use

Method of Payment: VISA Mastercard Debit Certified Cheque Amount paid: _____

Staff Signature: _____ Date: _____