

(PLEASE PRINT)

Family Name _____

First Name _____

Home Telephone _____
AREA CODE

Business Telephone _____
AREA CODE

E-mail address _____

Please tick if you are a

Potential Graduate for Spring or Fall

Concordia I.D. Number _____

Date of Birth (DD/MM/YY) _____

NOTE: If you change your address or email, please update your Student Centre accordingly.

- Procedure:**
- Deadline for application: **January 15** for Fall courses (/2)
May 15 for Fall/Winter courses (/3 and /4)
August 31 for Summer courses (/1)
 - Processing fee: **\$30 per course (non-refundable)**

I did not write my final examination and wish to apply for a **temporary** “DEF” notation in the course(s) listed below:

COURSE NAME	COURSE NUMBER	SESSION	SECTION
e.g. ACCO	213	4	AA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Regulations:

- A “DEF” notation cannot be awarded in a course(s) with an “R” or “NR” grade. Also, the original grade submitted must contain the “DNW” notation.
- This application must be submitted to the **Birks Student Service Centre (LB 185)** by the deadline noted above along with the necessary processing fee. **No extensions will be granted.** (If you don’t have the supporting documents, submit the form by the deadline without them and note: “Documents to follow”.)
- If the reason for the deferral was illness, you must submit the attached Medical Certificate for a Deferred (DEF) Examination. Examinations missed for other unforeseeable and/or extraordinary circumstances must be supported by applicable documentary evidence on original (not photocopied) letterhead.
- Decisions on this request will not generally be made prior to the DNE (did not enter) deadline.
- Please refer to **Section 16.3** of the current Undergraduate Calendar for further information.
- All applications must be submitted along with a statement explaining the situation and the reasons for the request. All statements should be maximum one page long.

Student’s Signature _____ **Date** _____

OFFICE USE ONLY	PAYMENT METHOD:	DATE:	AMOUNT:	INITIALS:
	<input type="checkbox"/> D/C <input type="checkbox"/> MO			