

STUDENT INFORMATION

Red Deer College 100 College Blvd Box 5005 Red Deer, Alberta CANADA T4N 5H5 Telephone: 403.342.3400

DEFERRED EXAMINATION APPLICATION

**REGISTRAR** 

Fax: 403.357.3660 E-mail: registrars@rdc.ab.ca Web-site: www.rdc.ab.ca

The personal information that you provide on this form is being collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act of Alberta. The personal information on this form will be used to process your request for a deferred exam. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta. The information will be retained by the department in accordance with approved Information Management guidelines, after which it will be destroyed in a secure manner. If you have any questions about the collection and use of this personal information, please contact the Office of the Registrar, Red Deer College, 100 College Blvd, Box 5005, Red Deer, Alberta, T4N 5H5. Telephone: 403.342.3400

LAST NAME			FIRST NAME			RDC ID #		
PHONE NUMBER			ERNATE PHONE	NUMBER	EMAIL ADDRESS			
DEFERRED EXA	AMINATION INF	ORMATION						
Course name and section (e.g. Acct 202A)	Course reference number (CRN)	Instructor	Is this an off- campus/online course?	If yes, do you require an invigilator?	Date of Original Final Exam	Time of Original Final Exam	OFFICE USE ONLY	
Reason(s) for this a	_	ous Practice	☐ Dome	estic Affliction	Otl	her – Please specif	у	
Do you have an acc	commodation on file	with disability reso	urces: Yes	☐ No				
STUDENT ACK	NOWLEDGEME understand the		rrad Evaminatio	on procedures				
STUDENT'S SIGNA		attached Derei	neu Examinado	DATE				
			OFFICE USE	ONLY				
This application is: Approved Denied Date of Writing:								
Comments:								
REGISTRAR'S SIGNATURE				DATE				
This application is: Approved Denied				Referred for appeal				
Comments:								
ASSOCIATE VICE-	PRESIDENT ACAD	EMIC	DATE					