

## Registrar's Office Supplemental Exam Request

In rare circumstances where a student, due to medical, compassionate, or other circumstances beyond their control, has failed to achieve a final examination mark considered to be representative of their ability as demonstrated throughout the duration of the course, the Instructor, Department Chair/Program Coordinator, and Dean may provide written authorization for the student to write a supplemental examination.

This form must be submitted to the Registrar's Office within 21 days of the official publication of the final grades for the course. The supplemental exam must be written within 14 days of form submission, except in those cases where enforcement of this timeframe would create undue hardship for the student.

### PART A - STUDENT/COURSE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ BU Email: \_\_\_\_\_

Affected Course:

Dept. & Course No.	Course Title	Supplemental Exam Date/Time	Supplemental Exam Location (Bldg/Room)

Rationale for offering supplemental examination:

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### PART B - AUTHORIZATION

Instructor's signature:		Date:	
Chair's/Coordinator's signature:		Date:	
Dean's signature:		Date:	

### PART C - STUDENT ACKNOWLEDGEMENT

I understand that I have been offered the opportunity to write a supplemental examination in the course listed above and accept this offer. I agree to write the supplemental exam at the date, time and location listed above.

DATE \_\_\_\_\_ STUDENT'S SIGNATURE \_\_\_\_\_

In signing above, the student acknowledges having read and understood the ways in which personal information is collected and used at Brandon University, as described at [Personal Information Collection/Disclosures](#).

### PART D - ADMINISTRATIVE CONFIRMATION

- Confirmation of supplemental exam sent by email to student and instructor.
- Change of Grade form received.

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Alternative formats of this form are available upon request by contacting the Registrar's Office.