EXAMINATION DEFERRAL REQUEST FORM

This form should be used by students to formally request a deferral of their scheduled formal written examination(s).

|  |  |
| --- | --- |
| **Full Name** | **Student ID number** |
|  |  |
| **Programme of study** | **Select Level of study** |
|  | Choose an item. |

You should explain briefly why you need a deferral in the box below. If you have medical or other evidence please send this at the same time as this form.

|  |  |
| --- | --- |
| **Reason for Deferral** | |
|  | |
| I have a Learning Support Plan which allows for flexibility around deadlines due to a disability; the Learning Support team holds my medical evidence on file | YES  NO |
| Please select **one** of the responses below | |
| I **have** evidence to support this request and I attach it along with this form |  |
| I **DO NOT have** any evidence |  |

Enter below the details for each examination that you wish to claim a deferral. If this request covers more than one examination please include details of each examination. **You must give the specific information detailed on your examination timetable.**

|  |  |
| --- | --- |
| **Subject** |  |
| **Subject code** |  |
| **Examination Title** |  |
| **Date/Time of Examination** |  |

|  |  |
| --- | --- |
| **Subject** |  |
| **Subject code** |  |
| **Examination Title** |  |
| **Date/Time of Examination** |  |

You must complete and return this form within **5 working days** of the date of your examination

When completed this form should be sent to [exams@hope.ac.uk](mailto:exams@hope.ac.uk)