



NAME (Surname) (First) (Middle)

STUDENT ID# PHONE EMAIL

Table with 4 columns: Course Code and Title, Semester, Instructor, Date of Examination

Detailed reason for the request

Horizontal lines for detailed reason for the request

Select all that apply

I have attached the following supporting documentation as appropriate.

- Medical or health services note/letter/history
Jury duty notice
UPEI Student Medical Certificate Form
Personal or family tragedy, please explain

REGISTRAR'S OFFICE USE ONLY

Registrar's Comments (on consultation with the dean)

Horizontal lines for Registrar's Comments

Student Notified Date

Note: Special examination requests may be approved or denied. In cases of an approved request, the instructor will establish the new date and time for the examination and notify the student. If a request is denied, the Registrar' Office will notify the student.