Faculty of Nursing Make-up Examination Request Form – Fall 2026

PLEASE EMAIL THIS FORM TO YOUR INSTRUCTOR IMMEDIATELY ONCE COMPLETED.

Submission Deadlines:

- Normally, the request form must be submitted within the first four weeks of classes in the academic term. For 6 week courses, form must be submitted by end of the first two weeks ofclasses.
- For medical reasons or other extenuating circumstances that were not known within the first four or two weeks of classes: Request form must be submitted within two weeks of the missed exam date, unless you are precluded by the condition being suffered (justification will be required).
- **Please allow no less than five (5) business days in advance of the make up date to process your approved request. Any submitted requests that are submitted with less than five (5) business days will be scheduled on the next make up exam date or by instructor.**

Instructions: Submit this form once Part A and B are completed to rosalbai@uwindsor.ca **You will be advised by email if you have been approved**.

NOTE: Request to write a make-up exam requires approval from the Dean's Office. The Dean, Faculty of Nursing (or his/her designate) reserves the right to decline any request, following a review of the request and evidence submitted.

PART A – COMPLETED BY STUDENT (Please print clearly)

First name: _____ **Last name:** _____

Student number:_____ **Telephone#**:(__)_____

Email(uwindsor address): _____

Course number (complete separate form for each course):_____ **Section#:**_____

Professor/Instructor's name: _____

❑ **Mid-term*** ❑**Final** ❑**Other Academic Event**(describe):_____

*If there is more than one mid-term in this course, specify the mid-term number (e.g. #1,#2):_____

Date of Missed Exam (yy/mm/dd): _____ **Time of Missed Exam**:_____

Use of Accommodation approved by SAS: ❑yes ❑no Please advise instructor if arrangements have been made to write in SAS

Make-up Exam Request Reason – attach documentation/evidence (as per Missed Assignment & Missed Examination Policy):

❑ Exam Conflict: Provide the course# & section #that has the examconflict:_____

❑ Religious Obligation: Identifyreligiousobservance:_____Also must submit written documentation verifying your specific religious conviction (e.g. letter from pastor, minister, lead etc. of your religiousorganization).

❑ Bereavement: Provide name of individual & relationshiptoyou:_____Also must attach obituary copy, death certificate copy or proof of attendance atfuneral.

❑ Medical: **please look under the All-BScN Students tab in Resources for Current Students for details on student illness policies**

❑ Other (describe reason/provide applicable documentation):_____

Student's Signature:_____ **Date**(yy/mm/dd):_____

By typing your name you agree to be bound by the information provided in this form

PART B – STUDENT GIVES TO INSTRUCTOR TO COMPLETE.

Signature of Instructor indicates that s/he (or his/her designate) will provide an exam and be present, ***should that option be selected below and your request for a make-up exam be approved by the Nursing Dean's Office***:

Signature:_____

Instructor - Check one of the following:

❑ Add the value/weight of a missed **mid-term exam** to the final examvalue/weight; *OR*

❑ Make-up Exam Date: October 23, 2026 (Friday), Start Time: 12:00PM, Toldo203

❑ Make-up Exam Date: November 20, 2026 (Friday), Start Time: 12:00PM, Toldo 203

❑ Make-up Exam Date: December 23rd, 2026 (Tuesday), Start Time: 1:30PM, TBD

❑ Instructor to specify*: *Date* (yy/mm/dd):_____ *Start &end time*:_____ *Location*:_____

* **Note to instructors**: ensure that student does not have a class/clinical/lab conflict prior to scheduling these dates.

Re: Collection of Personal Information - The personal information collected on this form is collected under the authority of the University of Windsor Act and is collected in order to consider requests for a make-up examination in the Faculty of Nursing. If you have any questions about the collection of the personal information on this form, please direct your questions to **rosalbai@uwindsor.ca**