

# Faculty of Nursing Make-up Examination Request Form - Winter 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 of classes.
- 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).

**Instructions:** Submit this form once Part A and B are completed to [nurse@uwindsor.ca](mailto:nurse@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 email):** \_\_\_\_\_ **@uwindsor.ca** \_\_\_\_\_

**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**

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

**Exam Conflict:** Provide the course# & section #that has the exam conflict: \_\_\_\_\_

**Religious Obligation:** Identify religious observance: \_\_\_\_\_ Also must submit written documentation verifying your specific religious conviction (e.g. letter from pastor, minister, lead etc. of your religious organization).

**Bereavement:** Provide name of individual & relationship to you: \_\_\_\_\_ Also must attach obituary copy, death certificate copy or proof of attendance at funeral.

**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 exam value/weight; *or*
- Make-up Exam Date: Feb 13, 2026 (Friday) 12:00pm ED #1121
- Make-up Exam Date: Feb 27, 2026 (Friday) 9:00am, Toldo #203
- Make-up Exam Date: March 2, 2026 (Monday) 9:00am, Toldo #203
- Make-up Exam Date: March 18, 2026 (Wednesday) 9:00am, Toldo #203
- Make-up Exam Date: March 27, 2026 (Friday) 9:00am, Toldo#203
- Make-up Exam Date: April 21, 2026 (Tues) 9:00am [ ] or 2:00pm [ ]. Toldo#203
- 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.