

## Faculty of Nursing Make-up Examination Request Form – Summer 2025

**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 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**

**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: Tuesday, July 8th, 2025, 1:30p.m., Toldo 202

☐ Make-up Exam Date: Friday, July 25th, 2025, 10:00a.m., Toldo 203

☐ Make-up Exam Date: Wednesday, August 21st, 2025, 10:00a.m., 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.