

Faculty of Nursing Make-up Examination Request Form – Winter 2024

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 **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:** _____

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, February 27, 2024, 9:00 a.m., Toldo 203

☐ Make-up Exam Date: Friday, March 22, 2024, 1:00 p.m., Toldo 200

☐ Make-up Exam Date: Tuesday, April 23, 2024, 1:00 p.m., Toldo 204

☐ 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.

PART C – COMPLETED BY NURSING OFFICE

Date received (yy/mm/dd): _____ **Request:** ☐ Approved ☐ Rejected: _____ ☐ Notified by email