

**REQUEST FOR A DEFERRED MARK**

The symbol DFR is used whenever, in the judgment of the responsible authority, a student presents a valid reason for being unable to satisfy all course requirements. In such a case, the student must complete all requirements within a time limit determined by the professor. Such a limit may not exceed 12 months after the end of the session.

STUDENT					
SURNAME		GIVEN NAMES		STUDENT NO.	
LOCAL ADDRESS					
POSTAL CODE	AREA CODE & TEL. NO.	E-MAIL (UNIV. OF OTTAWA) <span style="float: right;">@uOttawa.ca</span>			
FACULTY <input type="checkbox"/> SOCIAL SCIENCES <input type="checkbox"/> OTHER, SPECIFY <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span>			ACADEMIC UNIT		
PROGRAM OF STUDY					
COURSE CODE	SECTION	COURSE TITLE	PROFESSOR'S NAME	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
SESSION	<input type="checkbox"/> SEPT. - DEC.	<input type="checkbox"/> JAN. - APRIL	<input type="checkbox"/> SEPT. - APRIL	<input type="checkbox"/> SUMMER	YEAR <span style="border: 1px solid black; padding: 2px;">2 0</span>
REASON FOR REQUEST * <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>			EXAM <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> <input type="checkbox"/> MID TERM <input type="checkbox"/> FINAL		
<input type="checkbox"/> MEDICAL <input type="checkbox"/> SEE ATTACHED DOCUMENT <input type="checkbox"/> OTHER, SPECIFY : _____ _____ _____					
* PLEASE ATTACH ANY SUPPORT DOCUMENTATION TO THIS REQUEST.			DATE _____	SIGNATURE (STUDENT) _____	

PROFESSOR							
<input type="checkbox"/> <b>DFR GRANTED</b>	DEADLINE <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">YEAR</td> <td style="width: 20px;">MONTH</td> <td style="width: 20px;">DAY</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>	YEAR	MONTH	DAY			
YEAR	MONTH	DAY					
CONDITIONS _____ _____							
<input type="checkbox"/> <b>DFR REFUSED</b>	REASON FOR REFUSAL _____ _____						
DATE _____ SIGNATURE (PROFESSOR) _____							

ACADEMIC UNIT APPROVAL	DATE _____	SIGNATURE (CHAIRMAN) _____
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FOR ACADEMIC UNIT USE ONLY	
<input type="checkbox"/> NEW EXAM	DATE _____ SIGNATURE _____

FOR FACULTY USE ONLY	
MARK GRANTED _____	DATE _____ SIGNATURE _____
FOLLOW-UP _____	