



REQUEST FOR A DEFERRED EVALUATION

To be completed by the student

First name:	Last name:
Student number:	Email: @uottawa.ca
Program:	
Term:	Professor's name:
Course code:	Section:
Exam/assignment type:	
* Reason for request:	Medical See attached document
Other, please specify:	
Date:	Student signature:

* Please submit the request accompanied by the supporting documentation before the exam or before the assignment deadline or, in unforeseeable circumstances, within five business days after the exam date or the assignment deadline.

For Faculty use only

DFR granted	Deadline:
	Conditions:
If the Faculty has not received a grade by the deadline determined by the Faculty, the grade DFR will be replaced by EIN (failure).	
DFR refused	Reason for refusal:
Date received:	Professor's status: Full-time Part-time
Budget:	Alternate corrector:
Additional information:	
Date:	Signature (Faculty) :

For academic advisor use only

Mark granted:	
Additional information:	
Date:	Signature: