

Faculty of Nursing Make-up Examination Request Form – Winter

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:** _____

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 examconflict: _____

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 25th, 2025, 1:30p.m., Toldo 203

Make-up Exam Date: Thursday, March 20th, 2025, 1:30p.m., Toldo 203

Make-up Exam Date: Monday, April 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.