REQUEST FOR A SUPPLEMENTAL EXAMINATION

Office of the Registrar ■ 10

(PLEASE PRINT)

Family Name _____

First Name _____

Home Telephone _____ AREA CODE

Business Telephone _____ AREA CODE

E-mail address _____

Please tick if you are a
Potential Graduate for ❒ Spring or ❒ Fall

Concordia I.D. Number _____

Date of Birth (DD/MM/YY) _____

NOTE: If you change your address or email, please update your Student Centre accordingly.

Procedure:

1. Deadline for application:
   - **February 1**st for Fall courses (/2) if you are a potential graduate in the Faculties of Arts & Science or Fine Arts
   - **June 15** for Fall/Winter courses (/2 /3 /4)
   - **September 16** for Summer courses (/1)
2. Processing fee: **$52 per course (refundable if request denied)**

I wish to write a supplemental examination in the course(s) listed below:

	COURSE NAME	COURSE NUMBER	SESSION	SECTION	GRADE	EXAMS OFFICE USE ONLY DECISION
e.g.	ACCO	213	4	AA	F	

Regulations:

1. You must be in acceptable standing. Students on Probation or Conditional Standing are **not eligible** to write supplementals.
2. Supplemental examinations may only be written for courses with a final grade of **F, F/DNW, NC** or **NC/DNW**.
3. The grade for a supplemental examination is counted as a second attempt at the course. The grades from both attempts are included in calculating Grade Point Averages and assessments of academic standing.
4. A student who fails a supplemental examination is give a grade of R. A student who does not write a supplemental examination is not assigned a second failing grade for the course.
5. This application must be submitted to the **Birks Student Service Centre (LB 185)** by the deadline noted above along with the necessary processing fee.
6. Additional regulations concerning supplemental examinations are contained in **Section 16.3** of the current Undergraduate Calendar.

Student's Signature _____ **Date** _____

OFFICE USE ONLY	PAYMENT METHOD:	DATE:	AMOUNT:	INITIALS:
	❒ CC ❒ D/C			

06/25