



Application to Defer/Rewrite Exam

Eligibility for deferred exams or rewrites is determined on a case by case basis. Students who either request or are required to rewrite or reschedule an exam are subject to a fee of \$100. Refunds will be applied as per the Refund Policy. Please visit the Examination Rewrites in the OCTCM Academic Catalogue & Student Handbook for complete details.

First Name:		Last Name:	
Program Name:		Course Name:	
Original Examination Date:	YYYY/MM/DD		
Reason for Deferral/Rewrite Request*: <i>(attach another sheet if necessary)</i>			

*A signed and dated note from a physician/counsellor must be provided if the reason for the request is due to a medical issue. This must be provided no later than 24 hours after the scheduled examination.

Application to Defer/Rewrite Exam Waiver

I, the undersigned acknowledge that:

1. I understand the Academic Standards regarding examination rewrites as outlined in the OCTCM Academic Catalogue & Student Handbook.
2. I understand that I am responsible for any outstanding balance owed to OCTCM.

Signature of Student

Date

OCTCM Use Only:

Date Received: (yyyy/mm/dd)	Staff Signature:
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