688 SHERBROOKE STREET WEST, SUITE 1199, MONTREAL, QUÉBEC H3A 3R1 TELEPHONE: (514) 398-6200 FAX: (514) 398-2650

MID-TERM EXAM CONFLICT

(PLEASE PRINT)

Students requesting the rescheduling of a mid-term examination(s) due to a religious, business related or scheduling conflict must submit this form together with supporting documentation to the School of Continuing Studies' Student Affairs Office at least two (2) weeks prior to the date of the scheduled mid-term examination(s).

Students who miss an examination(s) due to medical reasons must complete and submit this form with supporting documentation within two (2) business days from the date of the missed mid-term examination(s).

			PLEASE PRINT CLEA	RLY					
ROGRAM:		NAME:MCGILL I.D. NUMBER:							
ICGILL EM	AIL ADDRESS:								
ERSONAL	EMAIL ADDRESS:	· .							
			EXAMINATION(S) MISSE						
COURSE NUMBER		CRN COU	COURSE TITLE	INSTRUCTOR	DATE AND TIME OF MID-TERM				
Т									