DEFERRED STANDING/EXTENSION OF DEFERRED STANDING INFORMATION REQUEST FORM

ONE COURSE PER FORM

**THIS SECTION IS TO BE COMPLETED BY THE STUDENT.**

**NOTE to STUDENT:** You ALSO must have the department/school section completed BEFORE you submit this form in support of your petition

Student Name ______________________________________ Email ______________________________________

Student Number ___________________________________ Phone # _____________________________________

Course ____________________________________________ (You must include the subject, number, credit value, section, term, and session. Example: ECON, 1010, 3.0, A, F, FW’14/15)

Identify the work to be deferred below: Indicate due date of work/date of exam below:

__________________________________  ________________________________

__________________________________  ________________________________

__________________________________  ________________________________

Note: Providing false or altered information is a breach of the academic honesty legislation.

**THIS SECTION IS TO BE COMPLETED BY THE COURSE DIRECTOR OR DEPARTMENTAL/SCHOOL DESIGNATE**

This student identified above has submitted/will be submitting a petition for deferred standing or an extension of deferred standing in this course. The student is required to provide departmental/school confirmation of when the work in question was last due or scheduled. Since the Faculty has no provision for re-writing tests or exams, petitions involving a test or exam also require confirmation that the test or exam was not written.

If the deferred work involves a test or exam, please check one of the boxes, as appropriate

☐ The student wrote the test/exam, and therefore is NOT eligible to petition for deferred standing

☐ The student did not write the test/exam held on __________ and therefore remains eligible to petition for deferred standing

I CONFIRM THE INFORMATION ON THIS FORM

Name of course director or the departmental/school designate: ________________________________________________

Signature of course director or the departmental/school designate: ________________________________________________

This form may be returned to the student, but please keep a copy for your records or send a copy to us by email (lapspet@yorku.ca)