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| UVic logo_bk | **Office of the Registrar**  Division of Student Affairs  University of Victoria  PO Box 3025 STN CSC  Victoria BC V8W 3P2  T 250-721-8121  studentsupport@uvic.ca | | | | | | **Supplemental Exam Approval Form** | | | | | | |
| * To be completed when a student has been identified as eligible for a Supplemental Exam * Instructors will not be able to assign E grades in FAST; instructors must notify department for further processing and approval of Supplemental Exam | | | | | | |
| **Student Information** | | | | | | | | | | | | | |
| STUDENT NUMBER  «STUDENT\_NO.» | | | | | | FIRST NAME  «FIRST\_NAME» | | | | | LAST NAME  «LAST\_NAME» | | |
| EMAIL ADDRESS  «EMAIL» | | | | | | | | | TERM:  «TERM» | | | | |
| **Course and Grade Information** | | | | | | | | | | | | | |
| COURSE ABBREVIATION  EXAMPLE: ANTH 100 | | COURSE SECTION  EXAMPLE: A02 | | | | | | COURSE CRN  EXAMPLE: 12345 | | | | GRADE  % | |
| «COURSE\_\_ABRREVIATION» | | «COURSE\_\_SECTION» | | | | | | «COURSE\_CRN» | | | | «GRADE» | |
| For Office of the Registrar use only | | | | | SHATCKN UPDATED: □ | | | | | DATE: | | | |
|  | | | | | FORWARDED TO EXAM CLERK: □ | | | | | DATE: | | | |
| **Department Review/Approval** | | | | | | | | | | | | | |
| SUPPLEMENTAL EXAM WILL BE ADMINISTERED BY: | | | | «SUPPLEMENTAL\_EXAM\_HANDLED\_BY» | | | | | | | | | |
| Please note the Office of the Registrar administers Supplemental Exams for Winter Session 2nd Term courses only.  The submission deadline is May 30. | | | | | | | | | | | | | |
| INSTRUCTOR NAME:  «INSTRUCTOR\_NAME» | | | | | | | | CHAIR OR DIRECTOR NAME:  «CHAIRDIRECTOR\_NAME» | | | | |
| Please send the completed form to the Associate Dean or Designate of the faculty offering the course for consideration. | | | | | | | | | | | | | |
| **Approval of Associate Dean or Designate** | | | | | | | | | | | | | |
| DECISION: | | | | | «ASSOC\_DEAN\_DECISION\_APPROVEDNOT\_APPROV» | | | | | | | | |
| COMMENTS FOR NON APPROVAL:  «COMMENTS\_FOR\_NOT\_APPROVED\_DECISION» | | | | | | | | | | | | | |
| ASSOCIATE DEAN/DESIGNATE SIGNATURE:  «ASSOC\_DEAN\_DESIGNATE\_NAME» | | | | | | | | | | | DATE:  «DATE» | | |
| **Electronic submissions in this format (without original signatures) will only be accepted from designated staff.**  **Please forward completed forms to Student Support Services, Office of the Registrar (studentsupport@uvic.ca).**  **The submission deadline for Winter Session 2nd Term courses is May 30.** | | | | | | | | | | | | | |
| For Office of the Registrar Use only | | | STUDENT INFORMED: □ | | | | | SGASTDN UPDATED : □ | | | | DATE: | |