

**APPLICATION FORM FOR DEFERRAL OF EXAMINATIONS AND OTHER FORMS OF ASSESSMENT**

**Surname**

\_\_\_\_\_

**First Names**

\_\_\_\_\_

**Student ID Number**

\_\_\_\_\_

**Email**

\_\_\_\_\_

**Mobile Phone No.**

\_\_\_\_\_

**Programme**

\_\_\_\_\_

**Year of Study**

\_\_\_\_\_

**EU**

**Non EU/Non EEA**

**Reason for Deferral:**

**Details of the reason(s) for seeking a deferral to the Repeat/2<sup>nd</sup> Sitting examination session should be given below (Use an additional page if necessary). Please note that relevant certification, as set out in the accompanying guide, in support of your application must be supplied.**

Print a copy of your Personal Exam Timetable and include it with your application form. Your Personal Exam Timetable is available online via the Academic Web Services Menu - Student Services ([www.nuigalway.ie/students](http://www.nuigalway.ie/students))

**It will not be possible to consider applications submitted without appropriate supporting documentation.**

**Details of examination(s) for which deferral is being sought:**

**Please list below the module(s) to which your application refers (Please list Module Code and Module Name) and all subsequent examinations in the exam session.**

A student who is granted a deferral for one examination during an exam session (e.g. Semester 1 exams) will have a deferral automatically applied to all remaining examinations in that session.  
For example, if you are granted a deferral for the second of five exams in Semester 1, all subsequent exams in Semester 1 are also deferred.

Module Code:	Module Name:

**Is this your first time to seek a deferral?**      Y     N

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**College Office or office delegated by the College**

I hereby certify that the student named above discussed his/her application for deferral with me and I:

Approve       Reject       this deferral.

Brief reason for rejection:

---

---

The student will complete these modules at the August Repeat/2<sup>nd</sup> Sitting Examination Session.

Signature of Dean of College or nominee: \_\_\_\_\_

Date: \_\_\_\_\_

Deferral requests for non-EU students are to be signed by the International Office before being submitted to the College Office:

International Office Signature: \_\_\_\_\_

International Office Date
Stamp

---

**For College Office Use Only**

Supporting Documentation:

Deferral of Exam and all Subsequent Exams Recorded

Email sent to student:

Examinations Office Notified:

Lecturer Notified: