

Recommendation for a Special Examination

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The DEPARTMENT of _____ RECOMMENDS that _____

Student Name	
Student Number	
Western Email	
Phone Number	

Subject Name	
Course Number	
Section Number	
Session/Year	

The Special Examination is to be:

1. Supervised on-campus by _____ on _____
Professor *Date, time and location*

2. Supervised off-campus by _____ on _____
Proctor *Date*

Proctor's Mailing Address

Proctor's Phone Number

Note: the student will need to contact the professor/proctor for the exact date, time and location of examination.

A non-refundable administrative fee is applicable for Special Examinations written off-campus. Fees are due and payable in The Hive, within two weeks of the APPROVAL of the Off-Campus Special Examination.

The Special Examination will be set and graded by _____

A grade of 'SPC' will be recorded for the student. The revised grade must be submitted to the Office of the Registrar within one week of the date of the Special Examination. A revised grade of 'F' should be submitted if the student fails to appear for the Special Examination. The Grade Revision Form must be signed by the Instructor, Department Chair, and Student's Dean/Designate.

- A. Medical Documentation on file in _____
- B. Other documentation on file in _____

Student Signature		Date	
Instructor Signature		Date	
School Chair Signature		Date	
APPROVED BY: Dean's Office Signature		Date	

Once complete, please email to brescia@uwo.ca