

Office of the Registrar Division of Student Affairs University of Victoria PO Box 3025 STN CSC Victoria BC V8W 3P2

Supplemental Exampproval Form

- To be completed when a student has been identified in a Supplemental Exam
- or

ersity. Univ ctoria of Vi	ria of Vi T 250-721-8121 further processing and approval of Supplemætexam					ctors must notify department for
STUDENNUMBER			Studentnformation(please print FIRST NAME		LAST NAME	
EMAIL ADDRESS				TERM:		
Course and Grade Information						
			JRS E ECTION	COURSE CF		GRADE
EXAMPLE: ANTH 100 EX		AMPLE:02	EXAMPLE 234	5	%	
For Office of the Registraseonly			SHATCKN UPDATED	:	DATE:	
			FORWARDED TO EXAM CLERK:		DATE:	
Depart b ÆrE:						
			·			
CHAIR OR DIRECTOR NAME:		CHAIR OR DIREC ROOR NATURE:		DATE:		
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:		† Approved		† Not approved		