



**CARLOW  
COLLEGE**  
ST. PATRICK'S

## EXAMINATION DEFERRAL REQUEST FORM

To be completed by the student and emailed to the Examinations Officer, Dr. Candice Condon (ccondon@carlowcollege.ie). All information provided will be respected and treated in confidence.

**\*\*Please note, an exam deferral will only be considered upon receiving medical evidence of illness\*\***

If a deferral is given, the candidate will sit the exam at the next scheduled exam sitting.

*TO BE COMPLETED BY STUDENT:*

**STUDENT NAME:** \_\_\_\_\_ **STUDENT NUMBER:** \_\_\_\_\_

**PROGRAMME:** \_\_\_\_\_ **STAGE:** \_\_\_\_\_

**NAME OF ACADEMIC ADVISOR:** \_\_\_\_\_

**Please indicate why this form is being completed by ticking the appropriate box or boxes:**

Request for **deferral of exam before the exam has occurred.**

Request for **deferral of exam after the exam has occurred.**

**Date(s) of Scheduled Examination:**

\_\_\_\_\_

**Details of specific examinations affected:**

Date: \_\_\_\_\_ Module: \_\_\_\_\_ Details: \_\_\_\_\_

Date: \_\_\_\_\_ Module: \_\_\_\_\_ Details: \_\_\_\_\_

Date: \_\_\_\_\_ Module: \_\_\_\_\_ Details: \_\_\_\_\_

Date: \_\_\_\_\_ Module: \_\_\_\_\_ Details: \_\_\_\_\_

**Nature of circumstances:**

*(Please attach documentary evidence)*

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_



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**FOR OFFICIAL USE ONLY**

**Date Request Received:** \_\_\_\_\_

**Request Granted:**            YES                             NO

**Student Notified:**            YES                             NO

**Administration Notified:**            YES                             NO

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Exams Officer**  
**Office of the Registrar**