



**UM** | MASTER PHYSICIAN ASSISTANT  
STUDIES

Dept. Family Medicine  
Physician Assistant Studies  
260 Brodie Centre  
272 McDermot Avenue  
Winnipeg, Manitoba  
Canada R3E 3P5  
T: 204 272 3096

# Application for Examination Deferral

Name \_\_\_\_\_

Student Number \_\_\_\_\_

Phone # \_\_\_\_\_

Reason for Deferral Request \_\_\_\_\_

For which type of Exam(s) and their dates are you requesting a deferral?

1) Course Name/number \_\_\_\_\_

Modular, OSCE, or Block Exam \_\_\_\_\_

Scheduled Date \_\_\_\_\_

2) Course Name/number \_\_\_\_\_

Modular, OSCE, or Block Exam \_\_\_\_\_

Scheduled Date \_\_\_\_\_

3) Course Name/number \_\_\_\_\_

Modular, OSCE, or Block Exam \_\_\_\_\_

Scheduled Date \_\_\_\_\_

4) Course Name/number \_\_\_\_\_

Modular, OSCE, or Block Exam \_\_\_\_\_

Scheduled Date \_\_\_\_\_

**Medical Certificate Attached** \_\_\_\_\_

**Approved Program Director** \_\_\_\_\_ **Date** \_\_\_\_\_

