# Certificate of rescheduled course, module or exam

In view of COVID-19, the Department of *XX* has not been able to complete the following course in whole or in part.

|  |  |
| --- | --- |
| Program (left blank at freestanding course): |  |
| Course name:  |  |
| Course code: |  |
| Total scope (credits) of the course: |  |
| Number of credits that could not be achieved: |  |
| Time when the course should have been completed (enter start and finishing dates):  |  |
| Time when the moved course modules/test should have been completed (enter start and finishing dates): |  |