

## **B.Math and B.Sc. Deferred Assessment Request Form**

Г			
LAST NAME:	_		
FIRST NAME:			
STUDENT ID:			
MAJOR (for B.Sc.):			
SEMESTER:			
Click the box for you	ur degree program: B.Math	B.Sc.	
Please check this bo	ox if you write your final exam	s with Student Accessibility Servic	es
COURSE CODE	DATE OF MISSED FINAL EXAM	DATE OF MISSED FINAL ASSIGNMENT	
scdef@uoguelph.ca. ddress within five bus			
STUDENT SIGNA	TURE:		
DATE SUBMITTE	D:(YYYY/MM/	/DD)	