

B.Sc. Deferred **Privilege** Request Form

| LAST NAME: | | |
|-----------------------------------|--------------------------------|--|
| FIRST NAME: | | |
| STUDENT ID#: | | |
| MAJOR: | | |
| SEMESTER: | | |
| Do you write exam | s with Student Accessibility | Services? |
| | | |
| COURSE CODE | DATE OF MISSED EXAM | DATE OF MISSED ASSIGNMENT |
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| Documentation Atta | | |
| (Please ensure doc | umentation covers date of sche | eduled final exam(s) or assignment due date) |
| Student Signature: | | Date: |
| (Signature required | for hard copy submission only | |
| For Office Use Only DOCUMENTATION | | |
| REQUEST GRANTI | | |
| REQUEST DENIED | | |

NOTES: