



B.Sc. Deferred **Assessment** Request Form

LAST NAME:

FIRST NAME:

STUDENT ID:

MAJOR:

SEMESTER:

Please check this box if you write your final exams with Student Accessibility Services

COURSE CODE

DATE OF MISSED
DEFERRED FINAL EXAM

DATE OF MISSED DEFERRED
FINAL ASSIGNMENT

Please provide a brief explanation of your circumstances in the box below and submit this form along with supporting documentation to bscdef@uoguelph.ca. Must be sent using your U of G email address within five business days of the missed deferred final exam or final assignment.

STUDENT SIGNATURE: _____

DATE SUBMITTED: _____
(YYYY/MM/DD)