



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)