



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 FINAL EXAM	DATE OF MISSED FINAL ASSIGNMENT

Please provide a brief explanation of your circumstances in the box below and submit this form to bscdef@uoguelph.ca. Documentation is completely optional. Must be sent using your U of G email address within five business days of the missed final exam or final assignment. Full details at: https://bsc.uoguelph.ca/current_students/defs

STUDENT SIGNATURE: _____

DATE SUBMITTED: _____
(YYYY/MM/DD)