



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

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| 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 |
|-------------|------------------------------------|--|
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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)