



B.A. Deferred Assessment Request Form

LAST NAME:

FIRST NAME:

STUDENT ID:

SEMESTER:

F25 Extension

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

COURSE CODE	DATE OF MISSED DEFERRED FINAL EXAM	DATE OF MISSED DEFERRED CONDITION

Please provide a brief explanation of your circumstances in the box below and submit this form along with supporting documentation to baco@uoguelph.ca. This must be sent using your U of G email address.

SIGNATURE: _____

DATE: _____