



## 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](mailto:baco@uoguelph.ca). This must be sent using your U of G email address.*

--

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_