UNIVERSITY of GUELPH

B.A. Deferred Assessment Request Form

LAST NAME:	
FIRST NAME:	
STUDENT ID:	
SEMESTER:	S25 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: _____