



**ATP/BAS/BCAHW**

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 along with supporting documentation to [atp@uoguelph.ca](mailto:atp@uoguelph.ca), [bas@uoguelph.ca](mailto:bas@uoguelph.ca), or [bcahw@uoguelph.ca](mailto:bcahw@uoguelph.ca). Documentation is optional. Please send from your U of G email address within five business days of the missed deferred final exam or final assignment.*

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

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