

TERMS OF A SUPPLEMENTAL / DEFERRED CONDITION

Student Name: _____

I.D. _____

Program: _____

Semester Level: _____

Course Number: _____

Title: _____

Department Responsible for Course: _____

THE FOLLOWING MUST BE COMPLETED AS SPECIFIED IN ORDER TO MEET THE REQUIREMENTS OF THE SUPPLEMENTAL/DEFERRED CONDITION

1. A TEST TO BE HELD ON _____ AT _____ IN _____
(date) (time) (location)

Special Notes: _____

2. AN ASSIGNMENT, DUE _____ AT _____ SUBMITTED TO _____
(date) (time) (location)

Special Notes (Topic, Length, etc.): _____

3. OTHER CONDITIONS (Specify): _____

Instructor: _____

Student: _____

Date: _____

Date: _____

Area Code & Telephone: _____

Area Code & Telephone: _____