



FOR OFFICE USE ONLY

Registrar _____

Professors Notified _____

BSL Exam Deferment Form

Name: _____ Date: _____

Student #: _____

I wish to defer my exam(s) for the following class(es):

CLASS/PROFESSOR:	SCHEDULED EXAM DATE:	INTENDED EXAM DATE:
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON FOR THE DEFERRED EXAMINATION (please use the reverse if additional space is needed):

NOTE: All exams must be taken within seven (7) days of original exam date unless an extended examination date is authorized by the Dean or Associate Dean for extraordinary reasons. In all cases the delayed or makeup exam shall be completed prior to the last day of final exams for the next subsequent semester (i.e., fall exams must be completed no later than the last date of final exams for the spring semester and so forth). Failure to complete a delayed or extended exam within the prescribed deadlines will result in an automatic grade of "F" for all affected courses.

Student Signature: _____

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Dean's Approval: Yes No Extended Deadline Approved: Yes No

New Examination Date: _____

Dean's Signature: _____ Date: _____