DEFERRED EXAM REQUEST
[Submission of this request does not guarantee approval]
[See § 23.3(2) of the University Calendar for details]

A. I am requesting a deferred examination for the following course(s):

Course Name/Section and Semester (eg: HE ED 110, Lec A1, Fall '09)

B. Indicate the reason for your deferred exam request (appropriate documentation is required):

- illness
- death of relative
- personal issue
- other (please specify)

C. University policy states that §a deferred exam will NOT be approved if a student:

a. has not been in regular attendance where attendance and/or participation is required, and/or
b. excluding the final exam, has completed less than half of the assigned work

Do either “a” or “b”, as listed above, apply to you? ☐ Yes ☐ No

If Yes, provide details:

(use reverse if necessary)

Signature: ______________________ Date: ____________________