

B.A. Deferred Assessment Request Form

This form is to be used for missed final exams/assignments ONLY. Not missed In-Course work.

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| LAST NAME: | | | |
| FIRST NAME: | | | |
| STUDENT ID: | | | |
| SEMESTER: | Summer 2024 | | |
| Please check this b | oox if you write | e your exams with Student Accessibi | lity Services |
| COURSE CODE | | DATE OF MISSED FINAL EXAM | DATE OF MISSED FINAL ASSIGNMENT |
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| 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. | | | |
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| SIGNATUF | RE: | | |
| DATE: | | | |