



BSL Exam Deferment Form

Name: _____

Student #: _____ Date: _____

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

CLASS/PROFESSOR:

ORIGINAL EXAM DATE

_____	_____
_____	_____
_____	_____

REQUESTED EXAM DATE(S)

CLASS

DATE

TIME

_____	_____	_____
_____	_____	_____
_____	_____	_____

Students may NOT request an exam date/time when the administrative office is not open. Students may NOT take an exam before the originally scheduled date. Any deferment based on illness must include proof from a medial provider or the request will be denied.

REASON FOR THE DEFERRED EXAMINATION(S) (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 Assistant Dean for extraordinary reasons. In all cases, the delayed or makeup exam shall be completed within thirty (30) days of the date of the exam. Failure to complete a delayed or extended exam within the prescribed deadlines will result in an automatic grade of "F" for all affected courses. **COMPLETED EXAM DEFERMENT FORMS SHALL BE EMAILED TO MPORTNOY@BSOL.COM AND VCHARLES@BSOL.COM. ONLY THE DEAN OR ASSISTANT DEAN MAY GRANT A DEFERMENT- PROFESSORS MAY NOT. FAILURE TO FOLLOW THE PROCEDURE WILL RESULT IN DENIAL OF THE EXAM DEFERMENT REQUEST.**

Student Signature: _____