



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 school is not open. Refer to the academic calendar for office closures. Students may NOT take an exam before the originally scheduled date.

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 the professor, kstone@bsol.com, bdanielson@bsol.com AND vcharles@bsol.com. Failure to do so will result in denial of the exam deferment request.

Student Signature: _____