

Division for
Student Success



Center for Academic Excellence--NY
Application for Undergraduate Deferred Exams
Fall, 2017 – Conflict Final Exams

After completing this form, please have it signed by the Instructor from whom you have requested a conflict exam. Once signed, please return it to OSA by the deadline indicated below. This is critical, because we need to be able to obtain an exam from the professor. **OSA will not accept forms after the deadline has passed.**

Student ID: _____
(e.g. U03333333)

Date: _____

Name: _____
Last, First, Middle (Please Print)

Email: _____

Street Address: _____

Home Phone: _____

Work/Cell: _____

City, State & Zip: _____

Conflict Exam: (2 or more exams scheduled at the same time or more than 2 exams on the same day).

CRN	COURSE	INSTRUCTOR	DEFERRED EXAM DATE

Conflict Exam Date: Friday, December 15, 2017 at 2:00PM **Filing Deadline:** Friday, December 8, 2017

Exam Location: CIVIC, LHN

Reason for request: _____

Student's Signature: _____

Instructor's Signature: _____

Bursar's stamp for fee paid: NO FEE FOR CONFLICT

Bursar's stamp for Conflict Exam: _____