

Division for
Student Success



Center for Academic Excellence--NY
Application for Undergraduate Deferred Exams
Spring, 2019 – 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: _____ Date: _____
(e.g. U03333333)

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

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, May 17, 2019 at 1:30PM

Filing Deadline: Friday, May, 10, 2019

Exam Location: CIVIC: Lecture Hall West

PLEASE CHECK THIS BOX IF YOU ARE REGISTERED WITH DISABILITY SERVICES SO THAT YOUR FORM GOES TO THE APPROPRIATE DEPARTMENT.

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: _____