

Division for
Student Success



Center for Academic Excellence--NY
Application for Undergraduate Deferred Exams
Summer, 2019 - Deferred Exams

After completing this form, please have it signed by the Instructor or Department Chair prior to submitting it with payment to OSA. **Without prior approval from CAE, OSA will not accept forms or payment after the filing deadline.**

Student ID: _____ Date: _____
(e.g. U03333333)

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

Street Address: _____ Home Phone: _____
Work/Cell: _____

City, State & Zip: _____

Exam Date: Friday, September 6th 2019 at 1:30PM

Filing Deadline: Friday, August 30th, 2019 by 5PM

Exam Location: CIVIC Lecture Hall North

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

CRN COURSE INSTRUCTOR DEFERRED EXAM DATE

CRN	COURSE	INSTRUCTOR	DEFERRED EXAM DATE

Reason for request: _____

Student's Signature: _____

Instructor's/Dean Signature: _____ Instructor's Email/Ext/_____

Bursar's stamp for fee paid: _____

Bursar's stamp for Deferred Exam: _____

Deferred Exam Fee: \$35.00 – One Exam, \$50.00 – Two or More.

Please contact the CAE (163 William St., 17th floor) for any concerns.