

Division for
Student Success



Center for Academic Excellence--NY
Application for Undergraduate Deferred Exams
Fall, 2017 - Deferred Mid Term Exam

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: _____
(e.g. U03333333)

Date: _____

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

Email: _____

Street Address: _____

Home Phone: _____

Work/Cell: _____

City, State & Zip: _____

Exam Date: Friday, October 27, 2017 at 2:00PM **Filing Deadline:** Friday, October 20, 2017 **Exam Location:** CIVIC LHN

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 Street, 17th Floor) for any concerns.