



## Application for Undergraduate Deferred Exam PLEASANTVILLE

Instructions: This form should be delivered to the departmental coordinator of the professor whose exam will be taken during the Deferred Exam period (listed below). Permission with signature below must be received from the professor AND appropriate fees paid to OSA. Please note that the professor has the right to deny a request for a Deferred Exam.

**Filing Deadline for Deferred Exams:** Friday, May 31, 2019

**Deferred Exam Date:** Friday, June 7, 2019

**Exam Room:** Library Room 309 (Learning Assistance Center)

**Exam Time:** 3:00PM– 5:00PM

*Students **must bring their student ID card** to the exam.*

Name \_\_\_\_\_ Pace U Number \_\_\_\_\_

Address/Dorm \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Major \_\_\_\_\_

Home/Dorm Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Reason for request (attach documentation): \_\_\_\_\_

CRN	Course	Professor's Signature	Date

I certify that the above information is true

\_\_\_\_\_  
Student Signature and Date

**OSA Office:** Fee Paid \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Amount
Signature
Date