



DEFERRED EXAMINATION APPLICATION FORM

PLEASE USE BLOCK CAPITALS

STUDENT'S NAME

DATE

CURRENT PROGRAM

MAJOR

COURSE PREFIX AND NUMBER

INSTRUCTOR

REASON FOR REQUEST

SIGNATURES:

INSTRUCTOR

DATE

ADVISER

DATE

STUDENT

DATE

COST TO BE PAID IN FULL BEFORE EXAM
DEFERRED EXAM FEE \$50.00

UB RECEIPT NO.

(COPY ATTACHED)

(PLEASE PRINT 3 COPIES, ONE FOR EACH OF THE BELOW LISTED)

STUDENT'S COPY

ADVISOR'S COPY

REGISTRAR'S COPY