



DEFERRED EXAMINATION APPLICATION FORM

PLEASE USE BLOCK CAPITALS

STUDENT'S NAME	<input type="text"/>	DATE	<input type="text"/>
CURRENT PROGRAM	<input type="text"/>	MAJOR	<input type="text"/>
COURSE PREFIX AND NUMBER	<input type="text"/>	INSTRUCTOR	<input type="text"/>

REASON FOR REQUEST

SIGNATURES:

INSTRUCTOR	<input type="text"/>	DATE	<input type="text"/>
ADVISER	<input type="text"/>	DATE	<input type="text"/>
STUDENT	<input type="text"/>	DATE	<input type="text"/>

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