UNIVERSITY OF
TORONTO
SCARBOROUGH

Deferred Examination Request Form

Name: _____   **Student Number**: _____

Course Code _____   **Lecture/Tutorial Section**: _____

Original Instructor:_____

Original Date of Test: _____

If you wish to waive any of your approved accommodations, please list them below:

_____
_____
_____
_____

Scheduling Concerns:

Will you be writing other final or deferred exams during this term's final exam period?

☐ Yes   ☐ No

☐ I give AccessAbility Services consent to provide my name and student number to the University of Toronto Scarborough Office of the Registrar for the purpose of scheduling and obtaining my deferred examination.

Student Signature _____

For Office Use Only	
Date Received	
Deferred Date	
Obtain from	
Room	
Format	
Aids	
❑ Scheduled	❑ Checked