



Distance Learning Deferred Exam Request Form

Instructor/Course Information:

Instructor Name:

Course Name:

Course CRN:

Semester:

Instructor Signature

Date

Student Information:

Student Name:

Student Email:

Student Phone Number:

Reason for Deferred Exam Referral:

College Information:

Arts and Sciences

Business

Education

Dean Signature

Date

Athens State University Testing Center
256-233-6540
testcenter@athens.edu