



SOUTH TEXAS COLLEGE OF LAW

1303 SAN JACINTO ST., HOUSTON, TEXAS 77002

Deferred Examination Request

STUDENT INFORMATION													
Student Name		Student ID Number											
		G	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
Student Mailbox Number	E-mail Address	Telephone Number											
	@stcl.edu												
Term	Professor	Date & Time of Exam											
Course Number (CRN)	Course Name												
<p>I request permission to defer the above stated examination for the following reasons: (All supporting documentation must be attached to this form).</p> 													
Are you a graduating senior or a bar candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No													
<p>Approved deferred examinations must be taken during the next semester or session for which the student is registered and in which the course is offered.</p> <p>A student who must take the deferred examination from a different professor may attend that professor's class if (s)he obtains permission in advance from the professor. Students attending class under this provision are not deemed to be auditors. Do not register for the class again. The incomplete will be removed in the term which you originally enrolled in the course.</p> <p>If the deferred examination is not taken at the designated time or an "Incomplete" has been on the transcript for one year without removal:</p> <ol style="list-style-type: none"> 1. "Incomplete" will be removed 2. Grade of "WF" will be entered on the permanent record 3. "WF" will be counted in computing the student's cumulative average 													
<p>I understand that the deferred exam will be administered at the next scheduled offering of the course. This may require me to take another professor's exam in this course, and it may also require me to adjust my schedule to make certain there is no exam conflict between this deferred exam and my other exams. I further understand that a fee of \$50 will be assessed for each deferred examination.</p>													
Signature _____		Date _____											

Please mail or fax completed form to:
 South Texas College of Law 1303 San Jacinto Street Houston, TX 77002 Attn: Registrar's Office Fax:(713) 646-2939

Office Use Only

Processed by: _____

Date: ____/____/____