

Final Exam Application Form

| Applicant Information | | | | | | |
|--|------------------------|------------------|--|---------------|--|--|
| Name | | | | Date of Birth | | |
| First Name | | Last Name | | (dd/mm/yyyy): | | |
| Preferred Test Location (City/Country) | | | | | | |
| Local Contact Number | | | | | | |
| Exam Request | | | | | | |
| Course Code: | 1 st Choice | Date (dd/mm/yy): | | Start Time: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2 nd Choice | Date (dd/mm/yy): | | Start Time: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Course Code: | 1 st Choice | Date (dd/mm/yy): | | Start Time: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2 nd Choice | Date (dd/mm/yy): | | Start Time: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Course Code: | 1 st Choice | Date (dd/mm/yy): | | Start Time: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2 nd Choice | Date (dd/mm/yy): | | Start Time: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Terms | | | | | | |
| <ul style="list-style-type: none"> • For a full list of our test center locations, please visit our website: http://www.coastudy.com/authorized-test-center/ • Additional exam application fee will apply to any exam taken in test centers outside of Ontario, Canada • Exam Reschedule 3 days' prior with no additional charge. Reschedule within 3 days will result in a CAD \$25 administration fee • Exam No-Show will result in a mark of zero on the final exam | | | | | | |
| Office Use Only | | | | | | |
| Date of Application Approved: | | | | OEN: | | |
| Signature: | | | | | | |

Signature of Student

Date

Signature of Parent/Guardian (if student under 18 y/o)

Date