Final Exam Application Form

Applicant Information			
Name		**Date of Birth**	
	First Name Last Name		(dd/mm/yyyy):
Your Current Location (City/Country)			
Local Phone Number			

Exam Request			
Course Code:	**Date (dd/mm/yy):**		**Starting Time:**
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Terms

- **An additional exam application fee will apply to exams taken at test centers outside Ontario, Canada.**
- **Rescheduling an exam within 3 days will incur a CAD $25.00 processing fee.**
- **Students who arrive more than 30 minutes late will not be allowed to enter the exam room. Depending on circumstances, rescheduling of the exam may be applicable.**
- **Missing an exam (No-Show) will result in a 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