Final Exam Application Form

Applicant Information					
Name				Date of Birth	
First Name Last Nar		ne		(dd/mm/yyyy):	
Your Cur	rrent Location (City/Co	ountry)			
Local Phone Number					
Exam Request					
Course Code:	Da (ad,	te /mm/yy):		Starting Time:	
Course Code:	Da (ad,	te /mm/yy):		Starting Time:	
Course Code:	Da (ad,	te /mm/yy):		Starting Time:	
Course Code:	Da (dd,	te /mm/yy):		Starting Time:	
			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:					
Signat	Signature of St		9 1/0		Date
Signature of Parent/Guardian (if student under 18 y/o)					Date