

Final Exam Application Form

Applicant Information								
Name:			Student Number:			O.E.N.:		
First Name Last Name								
Exam Request								
Course Code	: 1 st Choice	Date (MM/DD/Y)	r):	S	Start Time:		□ Yes	□ No
	2 nd Choice	Date (MM/DD/Y)	Date (MM/DD/YY):				□ Yes	□ No
Course Code	: 1 st Choice	Date (MM/DD/Y	S	Start Time:		□ Yes	□ No	
	2 nd Choice	Date (MM/DD/Y	Y):	S	Start Time:		□ Yes	□ No
Course Code	: 1 st Choice	Date (MM/DD/Y	n):	S	Start Time:		□ Yes	□ No
	2 nd Choice	Date (MM/DD/Y	n):	S	Start Time:		□ Yes	□ No
Test Ce					□ Yes	□ No		
Terms								
 For a full list of our test centers, 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 Received:				Test Ce	t Center:			
Signature:								
Signature of Student Date								
Signature of Parent/Guardian (if student under 18 y/o)						Date		_