



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"> • Additional exam application fee will apply to any exam taken at test centers outside of Ontario, Canada. • Exam reschedule within 3 days will result in a CAD \$25.00 processing fee. • Students who are more than 30 minutes late will not be allowed to enter the exam room. Exam reschedule may be applicable, depending on circumstances. • 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