

(PLEASE PRINT)

Family Name _____ **Concordia I.D. Number** _____

First Name _____ **Date of Birth** _____
DAY MONTH YEAR

Home Telephone () _____ **Business Telephone** () _____

E-mail _____

NOTE: If you change your address or email, please update your Student Centre accordingly.

Procedure: 1. Deadline for submission: **November 15** for December final examination period
April 1 for April-May final examination period
June 1 for June final examination period
August 1 for August final and replacement/supplemental examination periods

2. Fee **\$20 per exam to cover costs (non-refundable)**

Reason / Courses — I am requesting authorization to write my final, deferred/replacement or supplemental examination(s) at an external institution for the following reason:

I have **attached** the appropriate documentation supporting this request. The examinations I want to write externally are for the following course(s):

COURSE NAME <small>e.g. ACCO</small>	COURSE NUMBER <small>213</small>	SESSION <small>2</small>	SECTION <small>AA</small>	DATE AND TIME OF EXAM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

External University / College Information:

_____ Name of University / College _____ Name of Registrar's Office Contact

_____ Mailing Address

() _____ () _____
 Telephone Fax E-mail

Regulations:

1. This application must be submitted to the **Birks Student Service Centre (LB 185)** by the deadline noted above along with the necessary fee.
2. You must provide all the relevant information regarding the External University / College Contact.
3. The external institution chosen must be an accredited University / College and the proctor / invigilator must be an employee of that institution.
4. You must write the examination(s) at the external institution at the exact same date and time as scheduled at Concordia and time differences must be taken into account.
5. You are responsible for any invigilation costs required by the external institution.

Student's Signature _____ **Date** _____

OFFICE USE ONLY	PAYMENT METHOD	DATE:	AMOUNT:	INITIALS:
	<input type="checkbox"/> CC <input type="checkbox"/> D/C			