

(PLEASE PRINT)

Name

Family Name

Given Name

Family Name at Birth

Date of Birth

Day / Month / Year

Sex

Male

Female

Telephone: Home ()

Area Code

Other ()

Area Code

E-mail

Address

Street Number

Street Name

Apt. Number

City

Province / State

Country

Postal / Zip Code

This form is intended for use by students from universities or colleges outside Montreal wishing to write an examination at Concordia University.

A. External — Related Information:

Home Institution

Contact Person at Your School

Course Name and Number

()

Telephone

()

Fax

E-mail

Requested Date and Time of Exam to be Written

B. Invigilation Costs:

Concordia University charges an invigilation and handling fee of \$100 per exam, payable in advance. Please email external.exams@concordia.ca for more details.

Student's Signature _____

Date _____

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