UNIVERSITÉ Concordia UNIVERSITY

REQUEST TO WRITE A CONCORDIA UNIVERSITY EXAM AT AN EXTERNAL INSTITUTION

Office of the Registrar ■ **30**

(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 **$52 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 (e.g. ACCO)	COURSE NUMBER (213)	SESSION (2)	SECTION (AA)	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:
	☐ CC ☐ D/C			

06/25