

EXAM DEFERRAL FORM

APPLICANT INFORMATION		
Last Name:	First Name:	Middle Name:
Company Name:		
Street Address:	City/Prov:	Postal Code:
Email:	Phone:	Fax:

EXAM DEFERRAL			
Description	Course(s)	New Exam Date(s)	Price
Exam Deferral			\$50.00
Exam Deferral			\$50.00
Exam Deferral			\$50.00

PAYMENT	
	Subtotal
GST#107509283	GST (5%)
	Total
METHOD OF PAYMENT (PLEASE CIRCLE): VISA MASTERCARD CHEQUE	
Name on Card:	
Card #:	
Exp Date:	
Signature:	

ADMINISTRATIVE USE ONLY
STUDENT ID #: