

ORAL EXAMINATION REQUEST TO BE SCHEDULED

- I acknowledge that I have read and understand all College policies and procedures related to the examination indicated above.
- I acknowledge that oral examinations are scheduled during office hours.
- I understand that I am expected to attend the examination on the date and at the time that the College schedules for me.
- If I provide the College with a written request to cancel my exam, prior to the date on which my scheduled exam is to take place, my examination fee will be applied to a separate sitting.
- I have sent (or will be sending) payment of the required fee to the College.

Full Legal Name: _____

- By completing and submitting this form, I acknowledge that my request to be scheduled and sit for this examination is contingent upon a) my eligibility to take this examination, and b) payment of the required fee to the College. I understand that I will be informed by the College if any issues arise with respect to this request.