



ORAL EXAMINATION REQUEST TO BE SCHEDULED

- I acknowledge that I have read and understand all College policies and procedures related 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 will pay the required examination fee to the College prior to accessing the examination.

Full Legal Name: _____

- By completing and submitting this form, I acknowledge that my request to access 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.