



PLEASE PRINT:

LAST NAME FIRST NAME STUDENT NUMBER

UTORONTO E-mail ADDRESS: _____@mail.utoronto.ca TELEPHONE NUMBER

PAYMENT DEADLINES MUST BE OBSERVED

<u>EXAMINATION PERIOD</u>	<u>PAYMENT DEADLINE</u>
June	June 26 – 30, 2017
August	August 14 – 18, 2017
December	December 9 – 20, 2017
Reading Week	February 20 – 23, 2018
April	April 9 – 30, 2018

COURSES IN WHICH A DEFERRED EXAMINATION HAS BEEN APPROVED:

Please indicate beside each course whether or not you will write the deferred final examination. Please complete the payment portion and submit to the address indicated below if you wish to write the examination.

Course: (e.g. ENG140Y1Y)	Session: (e.g. 20169)	I will write the examination:	Payment Due: \$70.00 or \$140.00
_____	_____	Yes___No___	\$ _____
_____	_____	Yes___No___	\$ _____
_____	_____	Yes___No___	\$ _____

Payment Amount: Check mark one: \$ 70.00 (one exam) or \$ 140.00 (two or more exams)
To be paid by: [Check mark one payment option]

Credit Card (MasterCard or VISA):

Or, a secure payment can be made online with MasterCard or VISA at:

<https://apps.artsci.utoronto.ca/cgi-bin/jobs/dep/dep.cgi>

This form is not needed if you pay online.

Direct Payment (Debit card) – in person

IMPORTANT! I hereby acknowledge that I must accept the scheduling of the deferred examination(s) and cannot expect any further consideration to be given due to other enrolments or commitments. I also acknowledge that I will not be permitted to enrol in courses in further sessions until all incomplete courses listed above have been resolved if this is a second deferral of an examination.

SIGNATURE AND DATE

OFFICE OF THE REGISTRAR
FACULTY OF ARTS AND SCIENCE
UNIVERSITY OF TORONTO
100 ST. GEORGE STREET, ROOM 1006
TORONTO, ON M5S 3G3

To defer payment, please Email: deferred.exams@artsci.utoronto.ca

April 2017