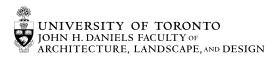


Deferred Examination Payment Form Daniels Faculty Exams Only

Please Print:				
Last Name	First Nam	ue	Student Number	
Email Address:			@mail.utoronto.ca	
Mobile Telephone Numb	oer:			
	each course whether comment portion and sub	or not you will write the do omit to the Office of the R	eferred final examination. Legistrar and Student Services,	
Course:	Session:	l will w	rite the	
(e.g. ARC132H	1S) (e.g. 2017	71) examir	examination:	
		□ Yes	□ No	
		□ Yes	□ No	
		□ Yes	□ No	
Payment Amount: To be paid by: □ Cash payment in perso □ Certified cheque or mo Registrar and Student So	oney order, payable to	Registrar and Student Souther the University of Toront	0.00 (two or more exams) Services o, mailed to the Office of the	
expect any further consid	deration to be given d	ue to other enrolments of an examination, I will n	not be permitted to enroll in	
Student Signature		Date		



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