



Student External Exam Request Form

Please complete the following information and submit this form to the External Exam Centre by email, fax, or in person. A minimum of ten business days is required between request submission and the requested exam date to allow for receipt of exams from your home institution. You will also need to contact your home institution to request that the exam be sent to the University of Calgary's External Exam Centre. You will be contacted by an email from the External Exam Centre with the confirmed date, time, and location of your exam. If you wish to write multiple exams, please submit a separate request form for each exam.

| EXAM FEES | |
|--|--|
| Canadian Institution: \$100 per exam | US/International Institution: \$120 per exam |
| Fees are based on a single 3-hour exam session. Additional time and various accommodations may be subject to additional fees; please contact us for a detailed breakdown. The exam fee will not be refunded once the University of Calgary is in possession of the examination package. You are responsible for any costs associated with returning your exam to your institution. | |

| STUDENT INFORMATION | |
|---------------------|------------------|
| Given Names: | Surname: |
| Email Address: | Phone Number(s): |

| HOME INSTITUTION INFORMATION | |
|---|------------------|
| Your Home Institution is the University, College, or Professional Organization for whom you are writing an exam. The External Exam Centre will not contact your institution to organize your exam. It is essential that you email your institute contact, and provide them with our details: exam.centre@ucalgary.ca | |
| Name of Institution: | Contact Person: |
| Email Address: | Phone Number(s): |

| EXAM INFORMATION | | | | |
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| The External Exam Centre is open for exams from Monday to Friday. There is only occasional and situational availability on Saturdays, and we may not be able to accommodate you. Our standard procedure is to start exams at 09:00 and 13:00. If you must write an exam outside of these times, please indicate in the space below, and we will be in contact to discuss your options. | | | | |
| Date of Exam: | Time of Exam: | Length of Exam: | Exam Format: | Delivery Method: |
| | <input type="checkbox"/> 09:00 <input type="checkbox"/> 13:00 <input type="checkbox"/> Other: | | <input type="checkbox"/> Paper <input type="checkbox"/> Online <input type="checkbox"/> Unknown | <input type="checkbox"/> Courier <input type="checkbox"/> Email <input type="checkbox"/> Unknown |
| Course Number / Exam Title: | | | | |