

EXAM WITHDRAWAL REQUEST FORM

PLEASE PRINT

Surname:	Given Name:
Candidate Number:	

I hereby request to withdraw my application from the exam for which I am registered.

- Written
 OSCE
 Both

I understand that if I withdraw on or before the published cancellation deadline of the examination indicated above, a withdrawal administration fee will be withheld and that the reimbursed funds will be returned via standard mail.

I understand that, if I withdraw after the published cancellation deadline of the examination indicated above, I will forfeit the full examination fee.

Signature

Date

The completed form may be mailed to the OEBC office at: Optometry Examining Board of Canada
37 Sandiford Drive Suite 403, Stouffville, ON, L4A 3Z2; or emailed to: exams@oebc.ca.

***Please allow up to 4 weeks from date of submission to process your request.
A confirmation message will be emailed to you.***