

**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.

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

**Please send this original signed form to OEBC:**

Attention: Optometry Examining Board of Canada  
37 Sandiford Drive Suite 403  
Stouffville, ON  
L4A 3Z2

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