



Professional Applications (PA1/PA2) Supplemental Examination Confirmation Form

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This form must be received by the CGA office not later than **one week** prior to the start of exam week.

| | |
|---------------------------------|--|
| Examination Subject | |
| Session of Examination | |
| Session of Original Examination | |

I understand and agree to the following Conditions:

1. The supplemental exam must be written at the next scheduled exam sitting.
2. Deferral of a supplemental examination will only be granted once.
3. Course material is subject to change each academic year and changes to course material on which a deferred or supplemental exam is based will be my responsibility.
4. That I qualify to write this examination.
5. I have the right to waive my Supplemental Examination option and, instead, can choose to Elect To Re-enrol (ETR) in the course.

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|----------------|--------------|-------------------|-----------|------|
| Student number | Student Name | Student Signature | Telephone | Date |
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|---|-----------|
| Payment of Supplemental Fee: | \$ 830.00 |
| Credit Card Type: | |
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex | |
| Expiry date | |
| Card Holder Signature | |
| Name as it appears on Card | |

Note: This Fee will include all new case studies but not assignments