



Name of Candidate:			
Email:		Phone:	
Address:			
City, Prov./State		Country	Postal Code/Zip
I am writing this exam as a diagnostic evaluation and intend to enroll in the summer Latin Programme <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of supervising professor:			
University and Department:			
Email:			
Phone:		Fax:	
Address for mailing examination:			
City, Prov./State		Country	Postal Code/Zip

(The supervising professor is responsible for ensuring that the examination is taken under the specified conditions and for ensuring that the answer script is returned to Toronto safely and quickly. An explanation of examination procedures can be found online at <http://medieval.utoronto.ca/languages/external.html> and will be repeated when the examination is sent).

Examination Fee

Please enclose a **non-refundable** cheque for \$50 (\$50 CDN for applicants residing in Canada, \$50 USD for applicants outside Canada) for each examination, payable to **University of Toronto**.

<input type="checkbox"/> Level One \$50	<input type="checkbox"/> Level Two \$50	<input type="checkbox"/> Both Levels One & Two \$100
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**Mail to Centre for Medieval Studies
125 Queen's Park, 3rd Floor, Toronto, Ontario M5S 2C7 Canada**

Signature of Candidate:	
Date:	

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Date Request recd:	Paid in full <input type="checkbox"/> Cash: <input type="checkbox"/> Chq: <input type="checkbox"/>	Date exam(s) sent:	Notes:
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