

STUDENT INFORMATION

Student Number _____ First Name _____
Surname _____

PAYMENT FOR

I have included payment for **distance invigilation** (\$50.00 CAD) – per exam: Yes No

COURSE INFORMATION

COURSE CODE	TITLE	DATE OF EXAM	AMOUNT
TOTAL:			

PAYMENT METHOD

Visa **MasterCard** **American Express** **Certified Cheque or Money Order***
 (Visa-debit not accepted)

Credit Card Number _____ Expiry Date _____

Cardholder's Signature _____

***We do not accept personal cheques. Please make certified cheques payable to The Michener Institute.**

Mailing Address: The Michener Institute
Attn: Registrar's Office
222 St. Patrick Street
Toronto, ON M5T 1V4

E-mail Address: regoffice@michener.ca
Fax Number: 416-596-3122
Phone Number: 416-596-3117

We reserve the right to correct any typographical or printing errors. We treat your personal information with respect and do not rent, sell or trade mailing lists.

FOR MRI OFFICE USE ONLY

Invigilator Approved? Yes No

FOR REGISTRAR'S OFFICE USE ONLY

Payment Process Date: _____
 Program Copied Date: _____