UNIVERSITY OF TORONTO SCARBOROUGH

Term Test Candidate Form

Before you begin your examination, please fill out this form and leave it at the side of your desk along with your student I.D. Please sign at time of collection.

TIME ALLOWED:

Write in non-erasable pen. Do not use liquid paper. No re-marking claims will be accepted if these rules are broken.

Date: _ Oct. 18, 2024__ **Start Time**: _7:00 pm_ **Duration**: _90 min__
Aids Allowed: __Supporting Information at the end of the test; calculators___

Room number: _____ **Seat#** _____

Name: