UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

INCORRECT MARKS:
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COURSE:

INSTRUCTOR:

STUDENT LASTNAME*
(For longer names, fill in as many characters that fit. Use blank character for space/dash)

FIRSTNAME
(First 5 letters)

STUDENT NUMBER*
(Print all digits below. Insert zero in the first box for a 9-digit number.)

VERSION ID
(If applicable)

NOTE: It is the responsibility of the Exam Taker to complete and code ALL FIELDS accurately.

FULLNAME: (Please print)

SIGNATURE:

DATE:

#	A	B	C	D	E
1	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
2	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
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47	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
48	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ

🖶 **PRINTING REQUIREMENTS: Printer must be set to "Actual Size"; For double-sided printing set "Flip on LONG edge." (Version April 2018)**