

PARALEGAL LICENSING PROCESS

Request for Change or Deferment

Complete this form only if you are requesting a change to an existing Licensing Examination date or language selection. Information regarding your current Paralegal Licensing Examination selection is available in your online account.

Please note that as the current COVID-19 situation evolves, the website will be updated with information on the status of all licensing examinations. Candidates will be notified regarding any confirmed dates.

Please complete and submit this document via your online account as an attachment by the applicable deferral deadline if you are deferring an examination or by the applicable registration deadline if you are registering for an examination sitting.

Candidates who do not meet the deferral deadline and do not attempt the examination for which they were registered will forfeit their examination fee payment. Candidates who wish to withdraw from any or all components of the Paralegal Licensing Process should NOT submit this form and are instead required to submit the Withdrawal Request Form available online under "Fees and Forms".

PLEASE SUBMIT THIS FORM AS AN ATTACHMENT THROUGH YOUR ONLINE ACCOUNT

Required Information:

Candidate Legal Name:

Candidate ID#:

Daytime Phone Number:

PARALEGAL Licensing Examination – Please change my current examination sitting to the following:

To review your current selection, please log into your online account and go to “My Examinations and Study Materials”.

Examination Dates	Summer 2021	Fall 2021	Winter 2022
Examination Language	English French	English French	English French

Important Deadlines:

Registration Deadline	TBA	TBA	TBA
LSO Deferral Deadline	TBA	TBA	TBA
Deadline to Select a Date/Time with Provider	TBA	TBA	TBA
Examination Results Released	TBA	TBA	TBA

I understand that should I require accommodation for an examination based on a ground listed in the *Human Rights Code*, R.S.O. 1990, c. H.19, I must submit a request for accommodation and supporting documentation by the deadline for accommodation requests.

PLEASE SUBMIT THIS FORM AS AN ATTACHMENT THROUGH YOUR ONLINE ACCOUNT

Candidate Signature:

Date:

By typing your name into the signature field, you agree that you are signing this form electronically and that your electronic signature is the legal equivalent of your manual signature on this form.