

Diploma Examination Rescore Application Form 2011–2012

ALBERTA STUDENT
NUMBER

SURNAME

LEGAL FIRST AND
MIDDLE NAMES

OTHER NAME(S)
KNOWN BY

BIRTH DATE

Year	Month	Day
------	-------	-----

SEX

 M-Male
 F-Female

TELEPHONE

PERMANENT
ADDRESS

Apt/Street/Ave/P.O. Box/Route

Village/Town/City

Province

Postal Code

Rescore Application Deadlines:
November 2011 rescore–**December 2, 2011**
January 2012 rescore–**March 2, 2012**
April 2012 rescore–**May 11, 2012**
June 2012 rescore–**August 3, 2012**
August 2012 rescore–**September 7, 2012**

Diploma Examinations	Check the examination(s) you want rescored and the administration in which you wrote.				
	Nov	Jan	April	Jun	Aug
Applied Mathematics 30		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Biology 30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemistry 30	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
ELA 30–1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELA 30–2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Français 30–1		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
French Language Arts 30–1		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Physics 30	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Pure Mathematics 30	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Science 30		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Social Studies 30–1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies 30–2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important

Learner Assessment **must** receive this rescore request by the deadline date specified above and on the **Results Statement**.

Rescore requests will be denied if the examinee fails to:

- submit payment
- sign the Declaration

I am requesting the rescoring of _____ diploma examination(s), at \$26.25 (includes GST) each, for a total of \$_____.

Declaration: I acknowledge that a rescore mark will be the **final mark** for that particular examination whether the mark is raised, lowered, or remains the same.

Signature of Student (Required)

Signature of Parent/Guardian (if student is under 18 yrs of age)

Date

Method of Payment

Visa Master Card

Cheque/Money Order (made payable to the Minister of Finance)

Cash

Debit Card

Credit Card

Do not send cash by mail or postdated cheques or money orders.

Cardholder's name as printed on credit card (please print):

Cardholder's Signature: _____

Card Number: _____

Expiry Date: _____

The personal information collected on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used to administer and process the writing and/or rewriting of diploma examination(s). It will be treated in accordance with the privacy protection provision of **Part 2** of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Director, Exam Administration, at 780-427-0010 (to be connected toll-free within Alberta, first dial 780-310-0000).

Submit this form and the rescore fee(s)

in person at:

Alberta Education, PASI and Student Records
2nd Floor, 44 Capital Boulevard
10044 – 108 Street
Edmonton

by mail, email, or fax to:

Exam Administration Branch
6th Floor, 44 Capital Boulevard
10044 – 108 Street, Edmonton, T5J 5E6
Email: exam.admin@gov.ab.ca

Phone: 780-422-4859

To be connected toll-free within
Alberta, first dial 780-310-0000

Fax: 780-422-7025