

Student Name: _____ Student ASN: _____

4. Student's education/language background

(country of origin, date of arrival in Canada [if applicable], language(s) spoken in the home, previous educational experience, language proficiency on arrival, etc.)

5. History of use of the requested extra time accommodation for examination writing purposes

For each **examination course** for which the extra time accommodation is intended, complete the following:

Diploma Examination Course: I attest that the information provided below is true: _____ Teacher name, signature, date
Exam administration session(s) for this course when extra time was permitted and used by the student [exam name(s) and date(s) administered]:

Diploma Examination Course: I attest that the information provided below is true: _____ Teacher name, signature, date
Exam administration session(s) for this course when extra time was permitted and used by the student [exam name(s) and date(s) administered]:

Diploma Examination Course: I attest that the information provided below is true: _____ Teacher name, signature, date
Exam administration session(s) for this course when extra time was permitted and used by the student [exam name(s) and date(s) administered]:

Diploma Examination Course: I attest that the information provided below is true: _____ Teacher name, signature, date
Exam administration session(s) for this course when extra time was permitted and used by the student [exam name(s) and date(s) administered]:

