

Student Name: _____ Student ASN: _____

5.2 _____
Course Name School Name

Teacher Name Course Enrolment Date (month & year) Scheduled Date of Final School Exam (day & month)

Final school mark(s) previously received for this course; month/year awarded

Diploma exam mark(s) previously received for this course; month/year awarded

A *Teacher Confirmation of Student Readiness to Write a Diploma Examination* form is attached for each course listed above

6. Course completion information: examination(s) being re-written without retaking the course

6.1 Course Name: _____

Specific reason why this exam must be re-written at this session (attach supporting documentation)

Final school mark(s) previously received for this course; month(s)/year(s) awarded

Diploma exam mark(s) previously received for this course; month(s)/year(s) awarded

6.2 Course Name: _____

Specific reason why this exam must be re-written at this session (attach supporting documentation)

Final school mark(s) previously received for this course; month(s)/year(s) awarded

Diploma exam mark(s) previously received for this course; month(s)/year(s) awarded

7. Statement of Courses and Marks

A current Alberta Education *Statement of Courses and Marks* is attached

8. Student/Parent Declaration

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I have read, understand, and agree to comply with the directives, rules, and procedures associated with the establishment and writing of a diploma examination at a Special Writing Centre

I understand that the reasonable likelihood of passing a diploma examination must be demonstrated before the writing of that examination at a Special Writing Centre will be permitted

I understand that, if approval to write a diploma examination at a Special Writing Centre is based on current enrolment in that diploma examination course, then the validation and release of that examination mark is contingent upon the successful completion of that course prior to the scheduled exam administration date, even if the course is being retaken

I understand that the release of diploma examination marks for examinations written at the Special Writing Centre is contingent upon the prepaid, timely, and secure return of all examination materials

I am not a relative or friend of, and have no other personal relationship with, the person who will serve as the Special Writing Centre Supervisor

I am not a relative or friend of, and have no other personal relationship with, any person who has or will provide documentation in support of this application, except where specifically indicated on that documentation

All of the information on this form is true, accurate, and complete

I understand that 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).

Signature of Student

Date

Signature of Parent or Guardian (if student is under 18 years of age)

Date

