## Application to Serve as a Distance Learning Special Writing Centre Supervisor 2016–2017



1	C4Jan4 Tufares 4**				Approved □ Denied	i 🗖	
1.	Student Information				Signature	SWC#	
	STUDENT'S ALBERTA STUDENT NUMBER				SWCE#	SWCS#	
	STUDENT'S FIRST NAME AND SURNAME						
2.	Proposed Diploma Exam Se	ession for Which	This Request Appl	lies (Month/Year)			
3.	Applicant's Name and Contact Information at the Proposed Special Writing Centre						
	First Name	Last Name	2		Title/Role in the Organiz	ation	
	Name of Institution or Organization Where		Type of Institution or Organization				
	Building Name (If applicable)		Office/Room Number	Office/Room Number Street Name and/or Number			
	Town/City	Province/State		Country		Postal or Zip Code	
	Telephone Number		Email Address				
	A letter from my emplo Writing Centre Supervis				ent status and authoriz	cation to serve as a Special	
4.	Confirmation of Ability to Serve as a Special Writing Centre Supervisor						
	Special Writing Centre I have reviewed the dipl receive all diploma administer the desi	and the directives doma exam sched a exam materials ignated exam(s) of	, rules, and procedur ule for the session in in the two week peri on the officially sche	es associated with the e	establishment and write roposed to write, and wed diploma exam date	ing of a diploma exam at a will be available to:	
5.	Proposed Writing Centre						
	Space that will enable the secure and appropriate storage and administration of diploma exams is available at the proposed Special Writing Centre Supervisor's place of employment, which is identified above						
	Detailed description of the proposed <b>secure storage site</b> (include room or office number):						
	Photograph(s) of the proposed <b>secure storage site</b> are attached  Detailed description of the room where the exam(s) would be <b>securely and appropriately administered</b> (include room or office number):						
	Photograph(s) of the proposed <b>secure exam writing room</b> are attached.						
	A letter from my employ purposes, and confirming						
	First Name and Surname of Person	on Authorized to Approv	e the Use of This Space		Title/Role in the	e Organization	
	Telephone Number			Email Address			
						Page 1 of 2	

Student Name:	Student ASN:					
6. Proposed Shipping Plan	Student ASIV.					
The following courier has confirmed that they are able to <b>deliver</b> diploma exams from Alberta Education (Edmonton, Alberta) to the proposed Special Writing Centre Supervisor at the Special Writing Centre address provided above:  DHL  FedEx  Purolator						
_	that they are able to <b>pick up</b> diploma exams from the proposed Special Writing Centre address					
provided above, for <b>pre-paid</b> delive	provided above, for <b>pre-paid</b> delivery, to Alberta Education (Edmonton, Alberta):					
DHL	FedEx Purolator					
Please rewrite your name and addre of the diploma exam materials to th	in the space below, <b>as it should appear on the shipping labels</b> , to ensure secure and timely deliver proposed Special Writing Centre:					
Applicant's Declaration:						
	on that is proposed to serve as a Special Writing Centre					
I have read the <i>Diploma Exam Rules</i> and affirm that I am willing and able to honor and enforce them  I have read the <i>Special Writing Centre Directives and Rules</i> and affirm that I am willing and able to honor and enforce them						
	present teacher or coach of the student, and I have no other personal relationship with the student					
I am not a relative or friend of, and support of this application	ave no other personal relationship with, the persons who have provided letters of confirmation in					
The information on this form is acc	ate and complete					
Applicant's Signature	Date:					
Act, and will be used to administer and process provision of <b>Part 2</b> of the Freedom of Information	is being collected under the authority of section 33(c) of the <i>Freedom of Information and Protection of Privacy</i> he writing and/or rewriting of diploma exam(s). It will be treated in accordance with the privacy protection on and Protection of Privacy Act. If you have any questions about the collection of this information, contact the 0 (to be connected toll-free within Alberta, first dial 780-310-0000).					

Special Cases and Accommodations, Alberta Education 44 Capital Blvd, 10044 – 108 Street Edmonton AB T5J 5E6

special.cases@gov.ab.ca Phone: (780) 427-0010 Fax: (780) 492-1153 To be connected toll-free within Alberta, dial 310-0000