

# Examinee Appeal Form

## *Invalidation of a Diploma Exam*

Student's Name: \_\_\_\_\_ Alberta Student Number: \_\_\_\_\_

Appellant's Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### Appeal:

Diploma Exam and Date Written: \_\_\_\_\_

What events led to the invalidation of the diploma exam and on what basis are you appealing that invalidation? (Attach additional sheets if more space required)

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\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

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 review and process the appeal related to the writing and/or rewriting of diploma exam(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) 492-1462.

Mail, email, deliver, or fax **within 30 days** of written notice of the invalidation to:

Gene Williams, Assistant Deputy Minister

System Excellence Division, Alberta Education,

Mailing Address: 2<sup>nd</sup> Floor, 44 Capital Boulevard

10044 – 108 Street, Edmonton AB T5J 5E6

Fax: (780) 422-1400

Email: [Peggi.Fedio@gov.ab.ca](mailto:Peggi.Fedio@gov.ab.ca)