

Diploma Examination Rescore Application Form 2013–2014

ALBERTA STUDENT
NUMBER

SURNAME
LEGAL FIRST AND
MIDDLE NAMES
OTHER NAME(S)
KNOWN BY

BIRTH DATE

PERMANENT
ADDRESS

Year	Month	Day
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SEX

M–Male
F–Female

TELEPHONE

(e.g., 95 Jul 20)

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

Village/Town/City

Province

Postal Code

Rescore Application Deadlines:

November 2013 rescore–**December 2, 2013**
January 2014 rescore–**March 4, 2014**
April 2014 rescore–**May 9, 2014**
June 2014 rescore–**August 5, 2014**
August 2014 rescore–**September 5, 2014**

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"/>
Mathematics 30–1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics 30–2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important

Exam Administration **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
(number)
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 Government of Alberta)

☐ Cash

☐ Debit Card

☐ Credit Card

Do not send cash by mail or postdate 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