Examinee Appeal Form

Invalidation of a Diploma Exam

Alberta Education

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 addition 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) 643-9157.

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: 2nd Floor, 44 Capital Boulevard
10044 – 108 Street, Edmonton AB T5J 5E6

Fax: (780) 422-1400
Email: Peggi.Fedio@gov.ab.ca