

# Request for Exemption from Writing Diploma Exams 2019–2020

## Student Personal Information (Please PRINT/TYPE)

Alberta Student Number - -	Phone Number (Include Area Code—e.g., 555-555-5555) - -	Email Address		
Surname (Last Name)		Legal First and Middle Name(s)		
Previous Names (if applicable)		Year Date of Birth (e.g., 95 Jul 20)	Month	Day
Current Mailing Address (Apt/Street/Ave/P.O. Box/Route)	Village/Town/City	Province	Postal Code	
Parent/Guardian Name (if applicable)		Parent/Guardian Email Address (if applicable)		

Indicate the administration that this request applies to by marking with a check

November 2019      January 2020      April 2020      June 2020      August 2020

**If a community crisis has impacted a group of students, please submit one Request for Exemption form with a list of students (Alberta Student Number, Last Name, First Name and Diploma Course with specific course level -1 or -2)**

### Reason for Exemption Request:

Medical (acute illness, surgery, acute episode of ongoing medical condition; attach Physician Confirmation Form)

Inclement Weather (attach official supporting documentation)

Administrative Error (attach copy of Principal's Statement)

Court appearance (attach official supporting documentation)

Bereavement \_\_\_\_\_ (Relationship to Student) (attach official supporting documentation)

Other: (Specify) \_\_\_\_\_ (attach official supporting documentation)

### To be completed by PRINCIPAL or designate:

I, \_\_\_\_\_ am aware of this student's circumstance related to this request for exemption.  
Name/Role (please print)

I understand the diploma exam exemption rules I recommend that the student:

be granted an exemption from writing the \_\_\_\_\_ diploma exam(s)

be granted a partial exemption from writing the Part(ie) A or B \_\_\_\_\_ diploma exam(s)

### OR

**not** be granted an exemption from writing the \_\_\_\_\_ diploma exam(s)

**not** be granted a partial exemption from writing the Part(ie) A or B \_\_\_\_\_ diploma exam(s)



**School Information—Contact Person (Please PRINT/TYPE)**

School Code	School Name	School Location (City or Town Name)
Name of Principal		School Email Address
Phone Number (Include Area Code—e.g., 555-555-5555)		Extension
Second Contact Name and Email Address		
Date	Signature of Principal/Designate	

**Student/Parent/Guardian****WHAT DO EXEMPTIONS MEAN FOR FINAL MARKS?**

Prior to applying for an exemption, the following should be considered:

**Full Exemption from Writing the Diploma Exam**—When a student is exempted from writing an entire diploma exam the **student's school-awarded mark will replace the full diploma exam mark.**

**Partial Exemption from Writing One Component of a Humanities Diploma Exam**—When a student is exempted from writing either Part(i)e A or B of a Humanities diploma exam, to derive the component exempted from writing, **the average between the diploma exam mark from the component completed and the student's school-awarded mark from the course is calculated.**

Following a partial exemption, if a student chooses to improve their diploma exam mark, the entire diploma exam must be rewritten.

The personal information as defined in the *Freedom of Information and Protection of Privacy Act* (FOIPP Act) that is collected on this form is collected pursuant to section 33(c) of the FOIPP Act. The purpose of this collection will be used to review exemption requests for the purpose of writing and/or rewriting provincial assessments. Questions about the collection of this information may be directed to the Director, Exam Administration at (780) 643-9157 (for a toll free connection dial 780-310-0000).

I/We have accurately provided information on this request form and supporting documentation

I/We have read and had the opportunity to ask questions about the information on this request form. I/we understand the impact of a full or partial exemption on course marks

**All three check boxes must be true and then checked off before this form is submitted.**

\_\_\_\_\_  
Date

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

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

**This form must be submitted to:** Special Cases and Accommodations Team, Alberta Education,  
by email to [special.cases@gov.ab.ca](mailto:special.cases@gov.ab.ca) using the subject line  
**EXM student's last name, first name and Alberta Student Number**

