## Notification of Separate Writing For Part A/B of the Humanities Diploma Exams

## Student Personal Information (Please PRINT/TYPE)

Alberta Student Number	Phone Number (I	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)		I			ear	Month	Day	
Current Mailing Address (Apt/Street/Ave/P.O. Box/Route)  Village/Tow			rn/City			Date of Birth (e.g., 95 Jul 20)  Province  Postal Co		al Code
Parent/Guardian Name (if applicable)  Parent/Guardian Email Address (if applicable)						ss (if applicable)		
Indicate the administration in w	hich the completed c	omnonen	t was written	I				
Course Name	Completed Dip	ploma	Administration				Year	
			November	Januar	у Ар	ril Jui	ne Augi	ust
ndicate the administration in w	hich the missed com	ponent wi	II be written.					
Course Name	Missing Diplor Exam Compor		Administration				Year	
			November	Januar	у Ар	ril Jui	ne Augi	ust
Reason for separate writing (pl	ease be specific):							
The personal information as defined in the F The purpose of this collection will be used for Exam Administration at (780) 643-9157 (for	or the purpose of writing and/	or rewriting pro						
have accurately provided information	ation on this request fo	orm.						
Signature of Student					Date			

## This is not a registration form.

The student must register for the diploma exam using *myPass* or by submitting a *Diploma Exam Registration/Rewrite Form* prior to writing the missed component.

This form must be submitted to: Exam Administration Branch, Alberta Education, by email to <a href="mailto:exam.admin@gov.ab.ca">exam.admin@gov.ab.ca</a> using the subject line SEP – your name and Alberta Student Number (e.g., Max Headroom - 123456789).

