

# Request for Exemption from Writing Diploma Exams 2020–2021

## 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 2020      January 2021      April 2021      June 2021      August 2021

**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 OFFICIAL 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(ie) 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 you provide on this form is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and is managed in accordance with Part 2 of FOIP. The information you provide will be used for the purpose of reviewing your request for exemption from writing a diploma exam. Your personal information will not be used or disclosed for any other purpose, without your written consent or unless required to do so by law. Should you wish to have your information removed, corrected or have concerns, please contact us at Exam Administration at (780) 643-9157 (toll free connection 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 diploma course official final 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**  
(e.g., EXM Headroom, Max 123456789)

