

# Diploma Examination Rescore Application Form 2009–2010



The personal information requested on this form will be used for the purposes stated by Alberta Education only.

ALBERTA STUDENT NUMBER

SURNAME

LEGAL FIRST AND MIDDLE NAMES

OTHER NAME(S) KNOWN BY

BIRTH DATE

Year	Month	Day
------	-------	-----

SEX

 M–Male  
 F–Female

TELEPHONE

PERMANENT ADDRESS

 (e.g., 91 Jul 20)  
Apt/Street/Ave/P.O. Box/Route

 Village/Town/City

 Province

 Postal Code

**Deadlines for receiving this form:**  
November 2009 rescore–**December 2, 2009**  
January 2010 rescore–**March 5, 2010**  
April 2010 rescore–**May 14, 2010**  
June 2010 rescore–**August 6, 2010**  
August 2010 rescore–**September 2, 2010**

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 (Old)		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Chemistry 30 (New)	<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 (Old)		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Physics 30 (New)	<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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies 33		<input type="checkbox"/>	<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"/>

**Important**

Learner Assessment **must** receive rescore requests no later than the deadline date specified on the **Results Statement (see above)**

Rescore requests will be denied if the examinee fails to:

- submit payment
- sign the Student Declaration

I am requesting the rescoring of \_\_\_\_\_ diploma 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**

- Cheque/Money Order (made payable to the Minister of Finance)
- Cash       Debit Card
- Credit Card

**Do not** send cash by mail or postdate cheques or money orders

- Visa       Master Card

Cardholder's name as printed on credit card (please print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**Submit this form and the rescore fee(s) in person at or by fax, mail, or email to:**

Alberta Education  
Learner Records & Data Exchange  
2<sup>nd</sup> Floor, 44 Capital Blvd.  
10044 – 108 Street  
Edmonton AB T5J 5E6

E-mail: [exam.admin@gov.ab.ca](mailto:exam.admin@gov.ab.ca)  
Phone: (780) 422-4859  
Fax: (780) 422-7025

To be connected toll-free within Alberta dial 310-0000