

# Application to Supervise a Diploma Examination Special Writing Centre 2009–2010



## Personal Information of the Student Who Will Be Writing A Diploma Examination:

STUDENT'S  
ALBERTA STUDENT  
NUMBER

STUDENT'S  
FIRST NAME AND  
SURNAME

|   |
|---|
| For Office Use Only   |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> |
| Signature _____   |

## Applicant's Personal Information:

|                                    |                        |            |
|------------------------------------|------------------------|------------|
| _____                              | _____                  |            |
| First Name                         | Last Name              |            |
| _____                              | _____                  | _____      |
| Primary Phone Number               | Secondary Phone Number | Fax Number |
| _____                              | _____                  | _____      |
| E-mail Address                     | Current Occupation     |            |
| Relationship to the student: _____ |                        |            |

## Proposed Special Writing Centre Information:

**Location:** \_\_\_\_\_

|                              |           |                          |
|------------------------------|-----------|--------------------------|
| _____                        | _____     | _____                    |
| Institution or Building Name | Town/City | Province/State & Country |

**Description of the area where the examination material will be stored and where the examination will be administered:**

\_\_\_\_\_  
\_\_\_\_\_

## Proposed Shipping Plan:

**Name/contact information** of person to whom examination material will be **shipped** and who will **store** it securely until the scheduled date of administration:

|                                       |                |
|---------------------------------------|----------------|
| _____                                 | _____          |
| First Name                            | Last Name      |
| _____                                 | _____          |
| Phone Number at the Shipping Location | E-mail Address |

## Shipping Address:

|                              |                    |                           |
|------------------------------|--------------------|---------------------------|
| _____                        | _____              | _____                     |
| Institution or Building Name | Office/Room Number | Street Name and/or Number |
| _____                        | _____              | _____                     |
| Town/City                    | Province/State     | Country                   |

## Applicant's Declaration:

- I am not a relative or friend, or a past or present teacher, of the student.
- I read and write the language of the examination(s) to be administered fluently (English and/or French, depending on the examination).
- I meet the criteria established by Alberta Education to serve as a Special Writing Centre Supervisor.
- I have read, understand, and agree to comply with the directives, rules, and procedures associated with the establishment and supervision of a diploma examination at a Special Writing Centre.
- The site where the diploma examination material will be shipped and stored is secure.
- The site where the diploma examination(s) will be administered is secure and will enable its appropriate administration.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Submit form by the specified deadline date to:

Special Cases and Accommodations, Alberta Education  
44 Capital Blvd, 10044 – 108 Street  
Edmonton AB T5J 5E6

E-mail: special.cases@gov.ab.ca  
Phone: (780) 427-0010 Fax: (780) 422-4889  
To be connected toll-free within Alberta, dial 310-0000