Examinee Appeal Form: Invalidation of or Eviction from a Diploma Examination

Name of Student: _____

Alberta Student Number: _____ **Tel. No.:** _____

Mailing Address: _____

_____

Name of School or Examination Writing Centre: _____

Examination: _____ **Date written:** _____

Appeal: In the space provided below, please explain the events that led to the invalidation of or eviction from this diploma examination and clearly indicate the basis for your appeal of this action.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ **Date:** _____

Mail, email, deliver, or fax **within 7 days** of the invalidation or eviction to:

Director, Examination Administration
Learner Assessment, Alberta Education,
Mailing Address: 44 Capital Blvd.
10044 – 108 Street, Edmonton AB T5J 5E6

Fax (780) 422-7025
exam.admin@gov.ab.ca