



SPECIAL CENTRE: Saturday, June 2, 2012
Application for Final Examination
2011-12 Regular Session, Term 3

SECTION 1 - To be completed by student.

This form MUST be filled out completely, or it will not be processed.

Reason for requesting a Special Centre:

- Live more than 110km from a Regular Centre
Writing 3 or more exams
Other:
Cannot write on Saturday for religious reasons

I am applying to write a final examination in the following course(s):

Table with 4 columns: COURSE 1, COURSE 2, COURSE 3, COURSE 4. Each column contains Date and Time fields.

Please print clearly.

Form with fields: FIRST NAME, LAST NAME, STUDENT NUMBER, MAILING ADDRESS, CITY/TOWN, PROVINCE/STATE, POSTAL CODE, COUNTRY, PHONE NUMBER (HOME), PHONE NUMBER (WORK), FAX NUMBER, EMAIL ADDRESS.

SECTION 2 - To be completed by invigilator. Exam(s) will be shipped to the address below.

Please print clearly.

Form with fields: PLEASE CIRCLE (Dr / Ms / Mrs / Mr), FIRST NAME, LAST NAME, MAILING ADDRESS, CITY/TOWN, PROVINCE/STATE, COUNTRY, POSTAL CODE, PHONE NUMBER (HOME), PHONE NUMBER (WORK), FAX NUMBER, EMAIL ADDRESS, PLACE OF EMPLOYMENT, JOB TITLE, WHAT IS YOUR RELATIONSHIP TO THE STUDENT?, HOW LONG HAVE YOU KNOWN THE STUDENT?, INVIGILATOR'S SIGNATURE, DATE.

*Return by April 16 to the CCDE Office, via mail OR FAX: 306-966-5245

