

**EXAM REQUEST: School Final Examination (Parent-Directed)**

*To be given to High School Students in the Parent-Directed Program or in the Combined Program for parent-directed courses.*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Family #: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Phone: \_\_\_\_\_

I am requesting the following examination(s)  
*(Please check the course of the exam you need and circle the level)*

- Biology      20      30
- Chemistry    20      30
- English      10-1    10-2    20-1    20-2    30-1    30-2
- Math        10C    10-3    20-1    20-2    20-3    30-1    30-2    30-3
- Science     10      14      20      24      30
- Social      10-1    10-2    20-1    20-2    30-1    30-2

Exam: \_\_\_\_\_ Scheduled date: \_\_\_\_\_

Exam: \_\_\_\_\_ Scheduled date: \_\_\_\_\_

Exam: \_\_\_\_\_ Scheduled date: \_\_\_\_\_

Exam: \_\_\_\_\_ Scheduled date: \_\_\_\_\_

I am writing the examination under the supervision of:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**NOTE:** Supervisor must be an adult who is not a relative or person residing at the same address.

**Students:** *Please inform your TA when you wish to write Alberta Diploma Exams at least six (6) weeks in advance.*