

Mission: To inspire lifelong learning and leadership through experience, excellence, and

innovation.

Vision: Transforming the future through innovative learning.

Values: We value learner success, integrity, respect, community, excellence and innovation.



APPLICATION FOR REWRITE

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under the Act. Information is collected for the purpose of administering the process of writing and/or rewriting of exams. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; FOIP@lakelandcollege.ca).

- Rewrites are only granted to those students who scored 60% to 69% on the original examination.
- Rewrites must be rescheduled within 6 months of the original exam date.
- Rewrite Applications must be received by Lakeland College 3 WEEKS prior to the scheduled rewrite date.

PERSONAL INFORMATION Please print clearly. Middle name and date of birth are required for accurate records management. Applications missing this information will be rejected.			
Please indicate: Male Female			
Surname	First Name	Middle Name	
N. 1. /5	D. CDI d	C. 1 .1D#	
Maiden / Former Name (if applicable)	Date of Birth (mm/dd/yyyy)	Student ID#	
Mailing Address			
Town / City	Province	Postal Code	
Email	Business Number	Cell Number	
EXAMINATION INFORMATION Please print clearly.			
		Contract # / File #	
NFPA # / Level / Course Name	Course ID#	Contract # / File #	
Date of Rescheduled Examination	Date of Original Examination		
PROCTOR INFORMATION Please print clearly. All proctors must NOT have been involved in the training and must NOT be related to, married to (legally or common-law) or otherwise personally associated with any of the candidates writing the exam. The exam package with the Proctor Agreement and Procedures will be sent to the proctor listed below.			
Surname	First Name	Middle Name	
Shipping Address (for delivery by courier)	Business Name (if shipping to a business)		
Town / City	Province	Postal Code	
Town, City	Trovince	1 Ostal Gode	
Email		Contact Number	

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INVOICE INFORMATION Please print clearly.		
Purchase Order Number		
Host Department or Company Name	Contact Name	
Mailing Address	Contact Number	
Town / City	Province Postal Code	
PAYMENT INFORMATION Please print clearly.		
Please choose one of following:	Please issue a receipt	
Cheque/Money Order Payable to Lakeland application.	d College. Please include payment with your	
Credit Card Number		
Expiration Date (month / year)	3-digit Security Code	
Name of Cardholder	Cardholder's Email	
EMAIL OR FAX APPLICATION TO: Lakeland College 5707 College Drive	QUESTIONS? Phone: 1 800 661 6490 ext. 2054 Email: infofire@lakelandcollege.ca	

Vermilion, AB T9X 1K5 Fax: 1 780 853 8594

dlearnfire@lakelandcollege.ca

Website: www.lc-etc.ca

OFFICE USE ONLY	
Approved By:	Date

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