



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 LATE WRITE

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 re-writing 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).

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

Maiden / Former Name (if applicable)

Date of Birth (mm/dd/yyyy)

Student ID#

Mailing Address

Town / City

Province

Postal Code

Email

Business Number (with area code)

Cell Number (with area code)

EXAMINATION INFORMATION Please print clearly.

Course Name

Course ID#

Original Exam Location

Preferred Late Write Examination Date

Allow 6-8 weeks notification prior to exam date

PROCTOR INFORMATION Please print clearly. Refer to the requirements listed on the OFC website.

Surname

First Name

Middle
Name

Shipping Address (for delivery by courier)

Business Name (if shipping to a business)

Town / City

Province

Postal Code

Email

Contact Number (with area code)

EVALUATOR INFORMATION Please print clearly. Refer to requirements listed on the OFC website.		
Surname	First Name	Middle Name
Shipping Address (for delivery by courier)		Business Name (if shipping to a Business)
Town / City	Province	Postal Code
Email	Contact Number (with area code)	

INVOICE INFORMATION Please print clearly.		
Purchase Order Number		
Host Department or Company Name		Contact Name
Mailing Address	Contact Number (with area code)	
Town / City	Province	Postal Code

PAYMENT INFORMATION Please print clearly.																				
Please choose one of following		<i>Please issue a receipt</i>																		
Cheque/Money Order	Payable to Lakeland College. Please include payment with your application.																			
Credit Card Number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																			
Expiration Date (month / year)		3-digit Security Code																		
Name of Cardholder	Cardholder's Email																			

EMAIL OR FAX APPLICATION TO:
 Lakeland College
 5707 College Drive
 Vermilion, AB T9X 1K5
 Fax: 1 780 853 8594
 dlearnfire@lakelandcollege.ca

QUESTIONS?
 Phone: 1 800 661 6490 ext. 2054
 Email: infofire@lakelandcollege.ca
 Website: www.lc-etc.ca

OFFICE USE ONLY	
Approved By	Date