



Mission: To inspire learner success and community development through innovative learning in an inclusive and diverse environment.
Vision: Ever to excel in a global society.
Values: We value learner achievement, academic excellence and personal growth founded on our longstanding principles of: people-centred and respect, accountability and integrity, inclusiveness and collaboration, continuous self-improvement, innovation and pride.



SUPPLEMENTAL EVALUATION/CHALLENGE EXAM REQUEST

Lakeland College complies with the *Freedom of Information and Protection of Privacy Act* of Alberta. Information collected on this form is used in the normal course of College operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator.

Definitions of re-examination, re-read, special project and challenge examination may be found in the academic calendar or College Procedures 5.67, 5.90 and 5.91.

1. The student should seek prior approval from the instructor before completing the form.
2. The student takes the form to the course instructor and department chair who will review the student's request. The decision of the instructor and department chair will be recorded on the form.
3. If the request is approved, the instructor, in consultation with the student, establishes a date and time for the re-examination, re-read or challenge exam **and records this on the form**. Timelines for special projects are also set and recorded on the form. In the case of special projects, a page outlining expectations, contents, assignments and grading process is attached to the form.
4. The student takes the completed form to Financial Services or the Student Services cashier and pays the appropriate fee. The form is forwarded to Student Records. The Office of the Registrar maintains the canary copy and the white copy is forwarded to the instructor as proof of payment. Pink copy is given to student.
5. After marking the exam or project, the instructor indicates the FINAL mark for the course on the white copy and forwards it to the Office of the Registrar and a transcript is sent to the student.

PERSONAL INFORMATION (PLEASE PRINT)

Surname:	First Name:	Middle Name:
Program:		Student ID Number:

COURSE INFORMATION

Course Number:	Course Name:
I am requesting (check one):	
<input type="checkbox"/> Re-examination	<input type="checkbox"/> Special Project
<input type="checkbox"/> Re-read/re-appraisal	<input type="checkbox"/> Challenge Exam

SIGNATURE OF APPLICANT _____ **DATE** _____

COURSE INSTRUCTOR DECISION (PLEASE PRINT)

Instructor Name:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Instructor Signature:
Comments:		
Exam Date and Time/Project Completion Date:	Other Details (attach separate sheet if necessary):	

DEPARTMENT CHAIR APPROVAL

Department Chair Signature:	Date:
-----------------------------	-------

RESULTS

Final Course Mark:	Date:
Instructor Signature:	

Receipt Number
Date Paid
Posted to student acct
Processed by