



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 <small>Please print clearly. Refer to requirements listed on the OFC website.</small>		
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 <small>Please print clearly.</small>		
Purchase Order Number		
Host Department or Company Name		Contact Name
Mailing Address		Contact Number (with area code)
Town / City	Province	Postal Code

PAYMENT INFORMATION <small>Please print clearly.</small>																					
Please choose one of following: <input type="checkbox"/> <i>Please issue a receipt</i>																					
<input type="checkbox"/> Cheque/Money Order	Payable to Lakeland College. Please include payment with your application.																				
<input type="checkbox"/> Credit Card Number																					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></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