



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
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.

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
Email	Contact Number	

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:		<input type="checkbox"/> Please issue a receipt
<input type="checkbox"/> Cheque/Money Order	Payable to Lakeland College. Please include payment with your application.	
<input type="checkbox"/> 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
 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