

Education

www.edu.gov.mb.ca/k12
Instruction, Curriculum and Assessment Branch
Distance Learning Unit
555 Main Street, Winkler, MB R6W 1C4
T 204-325-1700 or 1-800-465-9915 F 204-325-1719

SUMMER EXAMINATION REQUEST FORM FOR ATTENDING STUDENTS

STUDENT INFORMATION

Surname _____ Given Name _____

Address _____
(Street) (City) (Province) (Postal Code)

Telephone _____ Alternate Number _____

Exam Confirmation by email? (for options 1 and 2 below)

yes, email the confirmation to: _____

no, please send the confirmation by mail to the address above

SCHOOL INFORMATION

School _____ School Facilitator Name _____

School Address _____
(Street) (City) (Province) (Postal Code)

Telephone _____ Email _____

Approval _____ Date _____
School Facilitator or Principal Signature

EXAMINATION REQUEST

Course Name _____ Exam Requested Midterm Final

- Submit this request form a **minimum of three weeks** before your requested exam date
- Allow a **minimum of two weeks after you write** your exam to receive your Statement of Standing
- Please indicate the date that your mark is required _____

EXAMINATION SITTING LOCATION

Book early to avoid disappointment. Independent Study Option in Winkler and 1567 Dublin Avenue in Winnipeg have limited space and are booked on a first-come first-served basis. Some exams may require the use of a computer or audio devices. **Photo identification is required.** Please indicate the location and time you wish to write:

1. Independent Study Option Office in Winkler. (please circle)
9:00 AM or 1:00 PM Date _____

OR

9:00 AM or 1:00 PM Date _____

2. In Winnipeg at 1567 Dublin Avenue on the first or third Tuesday of July and August (please circle)
1:00 PM or 7:00 PM Date _____

OR

1:00 PM or 7:00 PM Date _____

3. Other Location * Exam Proctor Name _____

* Exam Proctor must complete declaration form on reverse side.



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SUMMER EXAMINATION PROCTOR DECLARATION

Surname _____ Given Name _____

Address _____

(City) _____ (Province) _____ (Postal Code) _____

Telephone _____ (Home) _____ (Work) _____

Occupation _____

I hereby declare that:

1. I meet the stipulations in accordance with the Independent Study Option examination policies, in that I am a teacher, retired teacher, college instructor, university professor, priest, minister or commissioner for oaths. (please circle one)
2. I agree to supervise the examination(s) for the student noted below and will maintain strict and adequate supervision throughout the examination sitting.
3. I will maintain adequate security and ensure that the examination envelope is kept unopened until the examination date and time.

Please Note:

- a) No member of a student's immediate family (parent, legal guardian, grandparent, brother, sister, uncle, aunt), regardless of profession, may supervise an Independent Study Option (ISO) examination.
- b) Student's current/previous private tutors or ISO tutor/markers will not be approved to proctor ISO exams.
- c) Students residing outside the City of Winnipeg may request the services of a private proctor.
- d) Students living within the City of Winnipeg are normally expected to write their examinations at the ISO examination centre at 1567 Dublin Avenue.

Name of Student _____ Course _____

Signature of Exam Proctor _____ Date _____

Approval _____ Date _____
Distance Learning Consultant