

REQUEST FOR SPECIAL FORMAT EXAMS

January 2016 Exam Session Due Date October 7, 2015		
June 2016 Exam Session Due Date March 2, 2016		
STUDENT'S LEGAL FIRST NAME	STUDENT'S LEGAL LAST NAME	STUDENT'S PERSONAL EDUCATION NUMBER (PEN)
SCHOOL DISTRICT NUMBER	SCHOOL CONTACT NAME	SCHOOL CONTACT EMAIL
SCHOOL NAME AND ADDRESS		

Provide all necessary information [✓]:

JANUARY 2016 EXAM SESSION - INDICATE THE EXAM(S) REQUIRED

REQUEST DUE DATE: OCTOBER 7, 2015

- EN 10 SC 10 AWM 10 FMP 10
 SS 11 CIV 11 BCFNS 12
 EN 12 COM 12 OTHER (specify) _____

Braille:

- French Version(s) (specify) _____
 Contracted Uncontracted

Large Print (Paper Copy)

Exam size, font style and bold if required:

- Size: 18pt 20 pt 22 pt
 24 pt 26 pt _____
 Font: Arial Times New Roman
 Bold

SPECIAL INSTRUCTIONS:

Signature: _____
 Vision Teacher/Designated School Contact

JUNE 2016 EXAM SESSION - INDICATE THE EXAM(S) REQUIRED

REQUEST DUE DATE: MARCH 2, 2016

- EN 10 SC 10 AWM 10 FMP 10
 SS 11 CIV 11 BCFNS 12
 EN 12 COM 12 OTHER (specify) _____

Braille:

- French Version(s) (specify) _____
 Contracted Uncontracted

Large Print (Paper Copy)

Exam size, font style and bold if required:

- Size: 18pt 20 pt 22 pt
 24 pt 26 pt _____
 Font: Arial Times New Roman
 Bold

SPECIAL INSTRUCTIONS:

Date: _____

RETURN COMPLETED FORM TO PROVINCIAL RESOURCE CENTRE FOR THE VISUALLY IMPAIRED (PRCVI)

BY FAX 604.269.0495

EMAIL SHANNIGAN@PRCVI.ORG

OR MAIL

#106-1750 WEST 75TH AVE

VANCOUVER BC V6P 6G2

ATTENTION LIBRARY SYSTEMS COORDINATOR

- If you have not received an email confirmation from PRCVI within 3 business days of sending request, contact Susan Hannigan at shannigan@prcvi.org or call 604.269.2206.