GRADE 12 PROVINCIAL EXAMINATIONS
REVIEW REQUEST FORM

SECTION A: Must be completed by the Principal (please print clearly)

Note 1: The Student's Personal Education Number is essential for this request to be processed.

Note 2: Students who wish to review their exam responses as a means of informing their reread decisions must ensure the review request is submitted two weeks in advance of the reread deadline for the request to be processed.

Student Name:	School Name:
Personal Education Number (PEN):	Ministry School Code:

Examinations to be reviewed:

Subject	Exam Session – Year/Month

I am aware that student examination results are protected under the Freedom of Information and Protection of Privacy Act and that I am making this request on behalf of a student in my school. I agree to review these results with the student in a secure setting and dispose of all materials (examination, student exam results and related material).

Principal's Name (please print):	Principal's email address:
Principal's Signature:	Date:

SECTION B: Must be completed by the Student

I am aware that student examination results are protected under the Freedom of Information and Protection of Privacy Act. I give my principal permission to request a copy of my exam responses on my behalf so that I may review them. I agree that for security purposes, I must review my exam responses with my principal or teacher and that I cannot retain a copy of my exam results.

Student's Signature:	Date:

***Fax the completed form to*: Coordinator of Exam Reviews,**
Measurement, Evaluation and International Languages Department
Facsimile: (250) 953-0460 Telephone: (250) 356-2422