



Red Deer College  
 100 College Blvd  
 Box 5005  
 Red Deer, Alberta  
 CANADA T4N 5H5  
 Telephone: 403.342.3400  
 Fax: 403.357.3660  
 E-mail: registrars@rdc.ab.ca  
 Web-site: www.rdc.ab.ca

# SUPPLEMENTAL EXAMINATION APPLICATION

*The personal information that you provide on this form is being collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act of Alberta. The personal information on this form will be used to process your request for a supplemental exam. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta. The information will be retained by the department in accordance with approved Information Management guidelines, after which it will be destroyed in a secure manner. If you have any questions about the collection and use of this personal information, please contact the Office of the Registrar, Red Deer College, 100 College Blvd, Box 5005, Red Deer, Alberta, T4N 5H5. Telephone: 403.342.3400.*

All students, except Bachelor of Business Administration students, who have written the final examination scheduled during the final examination period, may be eligible for a supplemental examination. To be eligible a student must have achieved a mark of 40% or greater on the final examination. Students are eligible to write two (2) supplemental examinations in one academic year. If you fail the supplemental examination you are **not eligible** for a rewrite and the mark achieved on the supplemental examination will replace the original mark achieved on the final examination. If you fail to attend the supplemental examination, without providing 48 hours of notice to the Office of the Registrar, you will receive a mark of zero (0) on the supplemental examination which will be used in determining your final grade. Please note that you must present a piece of photo ID or you will not be permitted to write the examination.

**Pay the non-refundable fee of \$95.00 per examination to the Cashier's Office.**

## STUDENT INFORMATION

LAST NAME	FIRST NAME	RDC I.D. #
CURRENT ADDRESS		CITY
PROVINCE	POSTAL CODE	CONTACT PHONE
ALTERNATE CONTACT PHONE	EMAIL ADDRESS	

## SUPPLEMENTAL EXAMINATION INFORMATION

**Complete one application for each Supplemental Examination request.**

Course name and section (e.g. Acct 202A)	Course reference number (CRN) (e.g. 404)	Instructor	On Campus or Distance Course

Do you have an accommodation on file with disability resources:  Yes  No

## INSTRUCTOR'S VERIFICATION

**Note: Students admitted to Collaborative programs are not eligible to write supplemental examinations.**

This will certify that _____	
(student's name)	(course name and number)
<input type="checkbox"/> has attempted the final exam and received a mark of 40% or greater AND the original final exam was scheduled during the final exam period is approved to write a supp exam.	OR <input type="checkbox"/> has attempted the final exam and received a mark of less than 40% on the final exam and is denied.
INSTRUCTOR'S SIGNATURE	DATE
INSTRUCTOR'S NAME (Please print)	

## STUDENT ACKNOWLEDGEMENT

I have read and understand the attached Supplemental Examination procedures.			
STUDENT'S SIGNATURE		DATE	
REGISTRAR		OFFICE USE ONLY	
<input type="checkbox"/> Appeal Approved	<input type="checkbox"/> Appeal Denied	PROCESSED BY	DATE
DATE			