

Office of the Registrar Regional Office 11401 - 8th Street Dawson Creek, BC V1G 4G2

Ph: 250-782-5251 Fax: 250-782-5233

## **Application to Write Supplemental Examinations**

**CAMPUS OF STUDIES** 

COLLEGE	Fax: 250-782-5233 Toll Free: 1-866-463-6652	Chetwynd D	awson Creek Fort Nels	son Fort St. John Tumbler Ridge	
B.C.'s Energy College™			_ <del>_</del>	_ <del>_</del>	
Student Informat	ion				
Name		Stude	Student ID Number		
Date					
by the Dean and the	kamination is not an automatic right Instructor of the course. The suppl the original grade was received. ding on the course.	emental examin	ation shall be held	within two semesters of the	
Course Name and	Number		Semester	Year Taken	
December for wearing					
Reasons for reque	sting permission to write supple	ementai examii	nations:		
Signature of Stude	ent				
	Please print form and sign by	y hand			
Permission to write su	pplemental examinations: Granted	d Denied	\$ Fee	_	
Signature of Instru	ctor	Signa	ture of Dean		

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