



Mission: To inspire learner success and community development through innovative learning in an inclusive and diverse environment.
Vision: Ever to excel in a global society.
Values: We value learner achievement, academic excellence and personal growth founded on our longstanding principles of: people-centred and respect, accountability and integrity, inclusiveness and collaboration, continuous self-improvement, innovation and pride.



APPLICATION FOR LATE WRITE

Lakeland College complies with the *Freedom of Information and Protection of Privacy Act* of Alberta. Information collected on this form is used in the normal course of college operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator.

PERSONAL INFORMATION Please print clearly

Middle name and date of birth are required for accurate records management. Applications missing this information will be rejected.

Please indicate: Male Female

Surname

First Name

Middle Name

Maiden / Former Name (if applicable)

Date of Birth (mm/dd/yyyy)

Student ID#

Mailing Address

Town / City

Province

Postal Code

Email

Business Number (with area code)

Cell Number (with area code)

EXAMINATION INFORMATION Please print clearly

Course Name

Course ID#

Original Exam Location

Preferred Late Write Examination Date

Allow 6-8 weeks notification prior to exam date

PROCTOR INFORMATION Please print clearly. Refer to the requirements listed on the OFC website.

Surname

First Name

Middle Name

Shipping Address (for delivery by courier)

Business Name (if shipping to a business)

Town / City

Province

Postal Code

Email

Contact Number (with area code)

EVALUATOR INFORMATION Please print clearly. Refer to requirements listed on the OFC website.		
Surname	First Name	Middle Name
Shipping Address (for delivery by courier)		Business Name (if shipping to a Business)
Town / City	Province	Postal Code
Email	Contact Number (with area code)	

INVOICE INFORMATION Please print clearly		
Purchase Order Number		
Host Department or Company Name		Contact Name
Mailing Address		Contact Number (with area code)
Town / City	Province	Postal Code

PAYMENT INFORMATION Please print clearly																						
Please choose one of following:		<input type="checkbox"/> <i>Please issue a receipt</i>																				
<input type="checkbox"/> Cheque/Money Order	Payable to Lakeland College. Please include payment with your application.																					
<input type="checkbox"/> Credit Card#																						
<table border="1" style="width:100%; height:30px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																						
Expiry Date (month / year)	Name of Cardholder	Cardholder's Email																				

EMAIL OR FAX APPLICATION TO:
 Lakeland College
 5707 College Drive
 Vermilion, AB T9X 1K5
 Fax: 1 780 853 2955
dlearnfire@lakelandcollege.ca

QUESTIONS?
 Phone: 1 800 661 6490 ext. 2054
 Email: infofire@lakelandcollege.ca
 Website: www.lc-etc.ca

OFFICE USE ONLY	
Approved By	Date