

Appendix A

Re-Read Request Form

(A separate request form is required for EACH examination or test that is to be re-read)

To: Examination/Test Re-Reads
 Assessment and Evaluation Unit
 411-1181 Portage Avenue
 Winnipeg MB R3G 0T3

Student Name _____

Provincial Student Number _____

School _____ School Code Number _____

Please check the grade and circle the course/subject area for which you are requesting a re-read and indicate your Booklet Identification Number.

Grade	Course/Subject Area	Term	Booklet I.D. #
<input type="checkbox"/> Senior 4	Mathematics/Mathématiques 40S	1st Semester	_____
<input type="checkbox"/> Senior 4	Mathematics/Mathématiques 40G	1st Semester	_____
<input type="checkbox"/> Senior 4	Mathematics/Mathématiques 40S	2nd Semester	_____
<input type="checkbox"/> Senior 4	Mathematics/Mathématiques 40G	2nd Semester	_____
<input type="checkbox"/> Senior 4	English/Français Language Arts	1st Semester	_____
<input type="checkbox"/> Senior 4	English/Français Language Arts	2nd Semester	_____
<input type="checkbox"/> Grade 3	Mathematics/Mathématiques	Full year	_____

Student's Signature
(or parent or guardian where required)

Principal's Signature

Please enclose a \$35.00 certified cheque or money order payable to the Minister of Finance for each examination or test area to be re-read. The \$35.00 fee includes GST.

Credit Card: *(Circle one)* VISA or MASTERCARD

Credit Card No. _____ Cardholder's Signature _____

Expiry Day _____ Bank _____