



The personal information requested on this form is collected under the authority of the Post-Secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the information requested in this form should be directed to Registration at registration@mhc.ab.ca or (403)504-3697. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A 3Y6, or 403-504-2286 or foip@mhc.ab.ca.

EXAM CONFLICT

Conflicts are defined by the Academic calendar. Students have a conflict when:

1. There are two exams to be written on the same time and date.
2. There are three exams on the same date (e.g., AM, PM, and EVE)

Personal Information

Medicine Hat Student ID Number: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Best number to reach you: _____ Home Cell Other

Email address: _____@mymhc.ca

Conflict Information

Date of Conflict: _____

Time of Conflict: AM PM EVE

Course Details

Course One	Course Two
COURSE NAME:	COURSE NAME:
COURSE NUMBER:	COURSE NUMBER:
INSTRUCTOR:	INSTRUCTOR:
Course Three	
COURSE NAME:	
COURSE NUMBER:	
INSTRUCTOR:	

- I have informed my instructors/an instructor of the conflict already and have made an arrangement to write at a different time
- I have let my instructors know of the conflict, but do not have an alternative arrangement

Signature

Date

COMPLETE AND SUBMIT TO REGISTRATION