



# EXAMINATION RE-READ

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City/Town Prov Postal Code

Program: \_\_\_\_\_

Campus: \_\_\_\_\_ Semester: \_\_\_\_\_

*College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process your request and to update your academic record. It will only be used for this purpose. Personal information you provide may be disclosed to Admissions staff. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College's Registrar at 709-643-0827. For more information about the ATIPPA please visit [www.cna.nl.ca/about/atippa.asp](http://www.cna.nl.ca/about/atippa.asp).*

*I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY STUDENT

Course Name: \_\_\_\_\_

Course #: \_\_\_\_\_

### TO BE COMPLETED BY COLLEGE

Original Mark: \_\_\_\_\_

Remains At: \_\_\_\_\_

Changed To: \_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Administration Signature

\_\_\_\_\_  
Date

- Application:
- Must be returned within ONE WEEK following the official release of marks
  - Must be accompanied by a fee of \$25.00
  - Please allow two to four (2 – 4) weeks for processing