

Intent to Challenge Course Form

Clear

Student Information (Please print)		
Last Name	First Name	Middle Name
Birthdate Day Month Year	Grade	Learning ID
Course Title and Number:		
Readiness to Challenge Course: I have read the attached Course Outcomes and Assessment Strategies for the course. I have also attached the following evidence of readiness to challenge this course.		
Previous courses taken in this subject area:		
Course		Mark
Course		Mark
Selections from portfolio or other collection:		
Additional documentation or other information:		
Reasons for the Course Challenge: Reasons for the course challenge request (be specific):		

Student	Signature (<i>electronic signature acceptable</i>) <small>(I acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.)</small>	Day	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Mon</th> <th style="width: 50%;">Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Mon	Year		
Mon	Year						
Parent/Guardian	Signature (<i>electronic signature acceptable</i>) <small>(I acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.)</small>	Day	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Mon</th> <th style="width: 50%;">Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Mon	Year		
Mon	Year						

Approved OR Rejected

Reasons for Approval OR Rejection:

Principal	Signature (<i>electronic signature acceptable</i>) <small>(I acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.)</small>	Day	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Mon</th> <th style="width: 50%;">Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Mon	Year		
Mon	Year						
Director of Education/Director Independent Schools & Home-Based Education, Ministry of Education, Approved Program Supervisor	Signature (<i>electronic signature acceptable</i>) <small>(I acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.)</small>	Day	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Mon</th> <th style="width: 50%;">Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Mon	Year		
Mon	Year						

Assessment Strategies for Course Challenge
(from current classroom assessment techniques)

Submit form to Registrar's Office, Ministry of Education: Email to student.records@gov.sk.ca.