PROVINCIAL EXAMINATION REGISTRATION FORM -- C H A L L E N G E

Department of Post-Secondary Education, Training and Labour
Apprenticeship and Certification – 6187-04E (05/2015)

- Submit **one** form for **EACH** exam to be written.
- Exam sessions are held as sufficient numbers of candidates are ready to write. It may be necessary for candidates to attend centralized exam sessions in locations other than their home area.
- Please allow a 3-week lead time for scheduling.
- Candidates failing to show for a scheduled exam session, without giving 5 working days notice, must submit $10 when re-registering.

PERSONAL (PLEASE PRINT CLEARLY)

Family Name: _____ First Name: _____ Initial: _____

Previous Name (if any): _____ Language for correspondence: ☐ Fr. ☐ Eng.

Permanent Address: _____

_____ Postal Code: _____

Mailing Address (if different from above): _____ Postal Code:_____

Permanent Telephone No. __ __ __ - __ __ __ __ Alternate Telephone No: __ __ __ - __ __ __ __

Social Insurance No. _____ _____ _____ Birth Date: __ __ __ __ Month __ __ Day ___ Male ☐ Female ☐

CLIENT STATUS - Check appropriate box:

☐ 15 Special request (Sign Service Installation Technician & Safety on Construction Sites)
☐ 16 Special request **re-write** (Sign Service Installation Technician & Safety on Construction Sites) **($10 fee)**
☐ 50 Challenge for credit
☐ 51 Challenge for credit **re-write ($10 fee)**

☐ Other (Specify) _____

NOTE: Teachers and college staff are ineligible to write challenge exams except with approval of Director.

WHICH ONE OF THE FOLLOWING EXAMINATIONS ARE YOU REQUESTING?

☐ English 112
☐ English 122
☐ English 113
☐ English 123
☐ Math 112 A
☐ Math 112 B
☐ Math 113 A
☐ Math 113 B

☐ Trig & 3-Space 122
☐ Intro. to Calculus 120
☐ Found. of Math 110
☐ Fin. & Work Math 110
☐ Human Development
☐ Biology 112
☐ Biology 113
☐ Biology 122

☐ Chemistry 112
☐ Chemistry 122
☐ Env. Science 123
☐ Physics 112
☐ Physics 122
☐ Sign Service Ins Tech
☐ Safety on Cons Sites

HAVE YOU WRITTEN THIS EXAMINATION BEFORE? YES ☐ NO ☐

PREFERRED WRITING SITE:

☐ CCNB - Bathurst
☐ CCNB - Campbellton
☐ NBCC - Fredericton
☐ NBCC - Miramichi
☐ NBCC - Moncton
☐ NBCC - Saint John
☐ Other: _____

Candidate Signature: **Date**:

Forward this registration form to:
Certification Services
Post-Secondary Education, Training and Labour
PO Box 6000
Fredericton, NB E3B 5H1

NOTE: Rewrite or re-registration fees ($10 per exam), by certified cheque or money order, made payable to Minister of Finance, must accompany registration form. Fees are non-refundable and non-transferrable.

FOR OFFICIAL USE ONLY

Client ID No.: __ __ __ __ __ __

Rewrite/re-registration fee received: ☐ yes

Date Scheduled to write: _____

Location: _____

Authorization to write:_____
Exam Administrator