Phone: 780.492.3113 Fax: 780.492.7172 Web: ualberta.ca/registrar

## **GCE A-level Predicted Grade Form**

Applicants completing GCE A-level program may qualify for admission to the University of Alberta based on predicted results. To be considered, you must have this form completed and authenticated by your school with predicted grades issued after March 1. The predicted grades must be grades that your school is submitting to one of the recognized UK GCE awarding bodies (e.g. Cambridge Assessment, Pearson, AQA, etc.).

We require an official GCE certificate to be submitted by the deadline indicated in Bear Tracks.

| Last Name  |                         |              | Middle Name(s)                    |   |                      |           | First Name |           |                      |
|--|-------------------------|--------------|-----------------------------------|---|----------------------|-----------|------------|-----------|----------------------|
| Telephone Fax  |                         | Email        |                                   |   | '                    |           |            |           |                      |
| Date of Birth (MM/DD/YYY)  U of A Student ID   |                         |              | U of A Faculty / Program          |   |                      |           |            |           |                      |
|  |                         |              |                                   | I   |                      |           | I          | ,         |                      |
| SUBJECT Please indicate full name  |                         |              |                                   | PREDICTED GRADE Check the box to indicate final grade |                      |           | TEACH      | ER / COOR | DINATOR SIGNATURE    |
| 1.   |                         |              |                                   |   |                      |           |            |           |                      |
| 2.   |                         |              |                                   |   |                      |           |            |           |                      |
| 3.   |                         |              |                                   |   |                      |           |            |           |                      |
| 4.   |                         |              |                                   |   |                      |           |            |           |                      |
| 5.   |                         |              |                                   |   |                      |           |            |           |                      |
| 6.   |                         |              |                                   |   |                      |           |            |           |                      |
| 7.   |                         |              |                                   |   |                      |           |            |           |                      |
| Required for Verification Purpose  | S                       |              |                                   |   |                      |           |            |           |                      |
| School Name  |                         |              |                                   | Province / State                                      |                      |           | Country    |           |                      |
| School Administrator   |                         |              |                                   |   |                      |           |            |           |                      |
| Name Signature   |                         |              | ıre                               |   |                      |           |            |           | Date [MM/DD/YYY]     |
| Telephone  | e Email                 |              |                                   |   |                      |           |            |           |                      |
|  |                         |              |                                   |   |                      |           |            |           |                      |
| Mail form to the following addre   | ss. Faxed cop           | ies will     | not be accepted                   | d.  |                      |           |            |           |                      |
| <b>Office of the Registrar</b><br>201 Administration Building, Un<br>Edmonton, Alberta T6G 2M7, Ca | iversity of Alb<br>nada | erta         |                                   |   |                      |           |            |           |                      |
| Personal information on this form is collect   | ed under the authori    | ty of Sectio | n 33(c) of A <i>lberta's Free</i> | edom of Information and Protection                    | of Privacy Act for a | authorize | d purpose: | S         | School Stamp or Seal |

including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, to International Baccalaureate Coordinators (for successful admissions ONLY), and to contracted or public health care providers

as required. For details on the use and disclosure of this information call the Registrar at 780-492-3113 or see www.ualberta.ca/FOIPP.

Last Updated: 09/2019