



Registrar — Teacher
Certification

PO Box 578
Halifax, Nova Scotia
B3J 2S9

Bus: (902) 424-6620
Fax (902) 424-3814

High School Examination - Provincial Marks

Full Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____

Name under which examinations were written: _____

Grade: XII _____ XI _____ X _____

Year(s): _____

Examination Station(s): _____

Supplementary Results

Grade(s): _____

Year(s): _____

Examination Station(s): _____

Date: _____ Signature: _____