

Exam Invigilator Request Form

UNIVERSITI								
Personal Information:								
			Durformed.	T				
Last Name			Preferred First/Middle Name:					
(include former): Student Number/			Date of Birth:					
Program of Study:			Date of Birtin.					
Email Address:			Phone Number:					
 FEES: \$75.00 (minimum three hours) This fee is non-refundable if invigilation services are cancelled less than 24 hours before the exam is to be written. Additional charges: 								
Information for Invigilator:								
Name of University or Institution providing the exam								
Course Name and/or Number (if known)								
Date of Exam								
Start Time								
Duration of Exam (in hours)								
Name of Invigilator								
OFFICE USE ONLY								
Date request received								
Date exam received								
Total Fees								
Invigilator notified								
Invigilator initials (required at	pick up)							
Date completed exam returne	d to offering university							
Special handling fees								
Please provide payment information below. If paying by credit card, your credit card information will be destroyed once payment has been processed.								

Payment Information:										
	Debit Card (In-person only)			Cheque						
	Credit Card VISA Maste	rCard American Expre	ss							
	Credit Card Number:				Expiry Date:					
	Card Holder Signature:									