

Invigilation Report

a) To be completed by SSN Coordinator

Date:	
Student Name:	
Student ID # :	
Course Code:	
Room Number:	
Exam Duration:	
Start Time:	
Finish Time:	

b) To be completed by Invigilator

Invigilator Name:	
Comments:	
Invigilator Signature:	

c) For Office Use Only:

	Date : Time: Picked up by:
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For assistance please contact in priority order:	
Stephen Sebastyan	Ext.3345
Ray Nielsen	Ext.3141
Ivrene Shortt	Ext.3473
Eileen Waweru	Ext.3321
Room 500 (Andrew Van Overbeke)	Ext. 3197
* In case of Emergency please dial "0"	