



## **Exam/Test Invigilation Request**

**Faculty Name**

**Program**

**Telephone ext.**

**Signature**

**Date submitted**

**Student Name**

**Student ID#**

**Student email**

**Reason for request:**

**Test/Exam Date Requested:**

**Course Code:**

**Test/Exam Start Time and Duration:**

**Computer access required?**

**Specify software requirements**

Complete in full & return to Stephen Sebastyan in Room 1316. Your request will be confirmed via email.

Please Note: Test invigilation request must be submitted at least 2 business days before the exam and fulfillment is based on room and invigilator availability.