



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.