

Statement of Presiding Supervisor



TRU-OL Examinations,
805 TRU Way
Kamloops BC V2C 0C8
Email: exams@tru.ca
truopen.ca



GENERAL INFORMATION / INSTRUCTIONS

- This form applies to students who want to write in-person exams.
- Complete section **A**. Request an appropriate supervisor to supervise (invigilate) your exam and have them complete section **B**.
- Email the completed form to TRU-OL Exams. **You must provide at least three-weeks' notice.**
- The information you provide on this form is collected under the Thompson Rivers University Act (BC) and will be used to administer your request.
- Email questions to exams@tru.ca or phone: 1.800.663.9711 Ext. 3 (toll-free in Canada) or 250.852.7000 Ext. 3 (Kamloops and International).

A. STUDENT TO COMPLETE (PRINT CLEARLY)

Select reason(s) for submitting this form:

- ONLINE EXAM AT TESTING CENTRE
 PAPER-BASED EXAM
 ACCOMMODATIONS APPROVED BY ACCESSIBILITY SERVICES
 INCARCERATED

PERSONAL DATA (PRINT CLEARLY)

| | | |
|-------------------------------|--------------------|-----------------------------|
| SURNAME (legal) | FIRST NAME (legal) | FULL MIDDLE NAME(S) (legal) |
| TELEPHONE NUMBER | | |
| EMAIL ADDRESS (Print clearly) | | |

ENTER TRU STUDENT NUMBER

| | | |
|---------------------|-----|-------------------|
| EXAM 1 COURSE | | |
| EXAM DATE | | |
| MONTH | DAY | YEAR |
| EXAM 2 COURSE | | |
| EXAM DATE | | |
| MONTH | DAY | YEAR |
| STUDENT'S SIGNATURE | | DATE (YYYY/MM/DD) |

B. PRESIDING EXAM SUPERVISOR TO COMPLETE (PRINT CLEARLY)

TRU-OL requires that presiding exam supervisors of TRU-OL Exams must be persons fluent in written and spoken English, be employed as an educator in a teaching or administrative capacity, or be a full-time regular employee of a verifiable educational institution. Supervisors cannot be related to or have a relationship to the student.

| | | | |
|------------------------------------------|----------------------------|-------------------------------------------|----------------------------|
| EXAM SUPERVISOR NAME | POSITION TITLE | REFERENCE: (PERSON YOU REPORT TO) | REFERENCE'S POSITION TITLE |
| PLACE OF EMPLOYMENT | | REFERENCE'S TELEPHONE NUMBER | |
| BUSINESS TELEPHONE NUMBER | ALTERNATE TELEPHONE NUMBER | Area Code LOCAL | |
| Area Code LOCAL | Area Code LOCAL | REFERENCE'S EMAIL ADDRESS (Print clearly) | |
| EMAIL ADDRESS WHERE EXAM(S) WILL BE SENT | | | |
| ADDRESS WHERE EXAM(S) WILL BE WRITTEN | | | |
| CITY / TOWN / VILLAGE | | | |
| PROVINCE / STATE | POSTAL CODE / ZIP CODE | COUNTRY | |

I agree to supervise the exam(s) of the student (A). I read, write and speak English fluently. I am not a relative of or have a relationship with the student.

I agree that I will ensure that the student will write the exam(s) without assistance unless noted on the exam papers; all documents will be kept confidential until the time of writing, and I will not make copies; all exam papers will be returned to TRU-OL promptly on completion of the exam, or upon request by TRU-OL.

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|-----------------------------|-------------------|
| EXAM SUPERVISOR'S SIGNATURE | DATE (YYYY/MM/DD) |
|-----------------------------|-------------------|