

Statement of Presiding Supervisor



TRU-OL Examinations,
805 TRU Way
Kamloops BC V2C 0C8
Fax: 250-852-6401
Email: exams@tru.ca
truopen.ca



GENERAL INFORMATION / INSTRUCTIONS

- This form applies to students unable to write at a BC or CIN Exam centre and require special arrangements (see below). **Note:** Students intending to write their exam outside of Canada are required to contact TRU-OL 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 by the deadline date of the exam session requested. Additional time may be required for some special arrangements.
- 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)

I require special arrangements for the following reason(s):

- MORE THAN 100 KM FROM NEAREST EXAM CENTRE
 RESIDING OUTSIDE BC/CANADA INCARCERATED
 WRITING OUTSIDE EXAM SESSION DATES (reason and documentation required)
 ACCOMMODATIONS APPROVED BY ACCESSIBILITY SERVICES

ENTER TRU STUDENT NUMBER

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PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)	FIRST NAME (legal)	FULL MIDDLE NAME(S) (legal)
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MAILING ADDRESS		
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MAILING ADDRESS (include buzzer code if applicable)		
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CITY / TOWN / VILLAGE		
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PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY
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TELEPHONE NUMBER					

EMAIL ADDRESS (Print clearly)		
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COURSE CODE	COURSE NUMBER

EXAM SESSION	
MONTH	YEAR

COURSE CODE	COURSE NUMBER

EXAM SESSION	
MONTH	YEAR

STUDENT'S SIGNATURE	DATE (YYYY/MM/DD)

B. PRESIDING EXAM SUPERVISOR TO COMPLETE (PRINT CLEARLY)

TRU-OL requires that the presiding exam supervisor be fluent in written and spoken English, be employed as an educator in a teaching or administrative capacity or be an employee of a TRU-OL approved Testing Centre. Supervisors cannot be related to or have a relationship with the student.

EXAM SUPERVISOR NAME	POSITION TITLE
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PLACE OF EMPLOYMENT	
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BUSINESS TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
Area Code LOCAL	Area Code LOCAL

BUSINESS EMAIL ADDRESS	
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BUSINESS ADDRESS—TRU-OL WILL MAIL EXAM(S) TO THIS ADDRESS	
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CITY / TOWN / VILLAGE		
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PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY
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ADDRESS WHERE EXAM(S) WILL BE WRITTEN		
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CITY / TOWN / VILLAGE		
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PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY
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REFERENCE: (PERSON YOU REPORT TO)	REFERENCE'S POSITION TITLE
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REFERENCE'S TELEPHONE NUMBER	
Area Code	LOCAL

REFERENCE'S EMAIL ADDRESS (Print clearly)	
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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, questions, answers, answer booklets (including those unused) will be returned to TRU-OL promptly on completion of the exam, or upon request by TRU-OL.

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