

Personal Information:								
Last Name (include former):		Preferred First/Middle Name:						
Student Number/		Date of Birth:						
Program of Study:								
Email Address:		Phone Number:						

1. FEES:

\$75.00 (minimum three hours)

• This fee is non-refundable if invigilation services are cancelled less than 24 hours before the exam is to be written.

- Additional charges:
- Exam time required over 3 hours will carry a fee of \$25.00 per hour.
- Courier or special handling will result in additional charges.

2. To request invigilation services, **STUDENTS** are required to:

- Contact an invigilator listed on the previous page
- Set up a time to write your exam
- Return this form, with payment, to the Registrar's Office.

It is the **responsibility of the student** to ensure the offering university or institution is aware of the scheduled time and can provide the necessary documents. This includes any changes to the schedule that might subsequently be required.

Information for Invigilator:				
Name of University or Institution providing the exam				
Course Name and/or Number (if known)				
Date of Exam				
Start Time				
Duration of Exam (in hours)				
Name of Invigilator				

OFFICE USE ONLY				
Date request received				
Date exam received				
Total Fees				
Invigilator notified				
Invigilator initials (required at pick up)				
Date completed exam returned to offering university				
Special handling fees				

Please provide payment information below.

If paying by credit card, your credit card information will be destroyed once payment has been processed.

Payment Information:									
	Debit Card (In-person only)					Cheque			
	Credit Card VIS	A Maste	erCard	American Expre	American Express				
	Credit Card Number	:					Expiry Date:		
	Card Holder Signatu	re:							