## **Professional Bookkeeping Program, Continuing Studies**

In-Person Exam Proctor for Online Courses Form

1. Student to Complete:	
NAME:	LANGARA ID:
MAILING ADDRESS:	
TELEPHONE NUMBER:	_ EMAIL ADDRESS:
PROGRAM: PROFESSIONAL BOOKKEEPER (SHO	ORT) CERTIFICATE PROGRAM
COURSE TITLE:	COURSE CODE:
INSTRUCTOR:	TERM:
EXAM DATE:	EXAM TIME:
I agree to pay all associated costs with external exam invigilation, and I acknowledge and agree that I shall refrain from disclosing, publishing, reproducing, or transmitting the exam content, in whole or in part, in any format or media, verbal or written, electronic, paper-based or otherwise, with any other person. I acknowledge and agree that the exam content, questions, and answers are confidential and failure to comply with the above will result in a failing grade on the exam and/or the course and consequences for academic integrity breach.	
STUDENT SIGNATURE:	DATE:
2. Exam Proctor to Complete:  EXAM PROCTOR NAME:	
	POSITION TITLE:
	FAX NUMBER:
ADDRESS WHERE EXAM WILL BE WRITTEN:	
I agree to supervise the examination of the student listed above. I am not a relative, friend, roommate, supervisor, coworker, employee, social media acquaintance, or have any appearance of a relationship with the student above. I agree that I will ensure the student will write the examination without assistance unless noted on the examination paper or instruction from instructor/program coordinator; all documents will be kept confidential until the time of writing, and I will not make copies; all examination papers, questions, answers, answer booklets (including those unused), and/or other documents relating to the exam will be returned to Langara College or upon request by Langara College.	
	r Langara College.

Submit completed form by email to  $\underline{CSBookkeeping@Langara.ca} \ and \ the \ course \ instructor$ 

