Professional Bookkeeping Program, Continuing Studies

In-Person Exam Proctor for Online Courses Form

TELEPHONE NUMBER:	1. Student to Complete:	
TELEPHONE NUMBER: EMAIL ADDRESS:	NAME:	LANGARA ID:
PROGRAM: PROFESSIONAL BOOKKEEPER (SHORT) CERTIFICATE PROGRAM COURSE TITLE:COURSE CODE:SECTION: INSTRUCTOR:TTERM:EXAM DATE:EXAM DATE:EXAM TIME:EXAM DATE:EXAM DATE:EXAM DATE:EXAM TIME:EXAM DATE:EXAM DATE:EXAM TIME:EXAM DATE:EXAM DATE:EXAM TIME:EXAM DATE:EXAM DATE:EXAM TIME:EXAM DATE:EXAM DATE:EXAM DATE:EXAM DATE:EXAM DATE:EXAM TIME:EXAM DATE:EXAM DATE:EXAM PROCTOR IN a failing grade on the exam and/or the course and consequences for academic integrity breach. STUDENT SIGNATURE:DATE:DATE:	MAILING ADDRESS:	
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Submit completed form by email to <u>CSBookkeeping@Langara.ca</u> and the course instructor

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