

Continuing Studies

In-Person Exam Proctor for Online Courses Form

STUDENT TO COMPLETE

NAME: _____ LANGARA ID: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

COURSE NUMBER: _____ COURSE NAME: _____

INSTRUCTOR: _____ TERM: _____ EXAM DATE AND TIME: _____

I agree to pay all associated costs with external exam invigilation.

SIGNATURE: _____ DATE: _____

EXAM PROCTOR TO COMPLETE

EXAM SUPERVISOR NAME: _____

EMPLOYER: _____ POSITION TITLE: _____

BUSINESS TELEPHONE NUMBER: _____ FAX NUMBER: _____

ORGANIZATIONAL EMAIL ADDRESS: _____

ADDRESS WHERE EXAMINATION 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 above-named student.

I agree that I will ensure that the student will write the examination without assistance unless noted on the examination papers; 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) will be returned to Langara College promptly by courier and/or electronically on completion of the examination or upon request by Langara College.

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS FORM BY EMAIL (csaccounting@langara.ca) OR FAX (604.323.5899).