## **Invigilation Request Form and Agreement**

- 1. Please print clearly in all three (3) sections when completing this form.
- 2. It is the student's responsibility to ensure that all sections of the form are completed and to submit the form(s) to PACE AT **LEAST FOUR (4) WEEKS PRIOR** to the scheduled exam date.
- 3. Signatures must be provided as part of the agreement.
- 4. Email form to: <a href="mailto:n.stokes@uwinnipeg.ca">n.stokes@uwinnipeg.ca</a> Telephone: 204.982.6633

A PHOTO OF THIS FORM WILL NOT BE ACCEPTED, ONLY SEND A SCANNED COPY OR THE ORIGINAL.

## 1. STUDENT INFORMATION

Last Name		First Name		Middle Name	Student Number	
Email Address					Telephone	
Signature				Date		
2. EXAMINAT	ION INFORM	IATION				
Course Name	-					
Course Number						
Instructor Name						
Date to write	Month	Day	Year			
Time to write		<b>_</b> AM		□ PM		
3. INVIGILATO	OR INFORMA	TION				
Proctor Name	<u> </u>					
Test Centre Nam	ne					
Proctor Email			YAHO	YAHOO, GMAIL, HOTMAIL ACCOUNTS ARE NOT ACCEPTED		
Proctor Telepho	ne		<u>-</u>			
Invigilator Signature						

A separate form is required for each exam, each semester and must be submitted to PACE as soon as possible upon registration or upon notice of exam dates (4 weeks minimum). This form must be completed by all students registered in a course for which there is an exam/quiz or final exam. It is the responsibility of the student to arrange an invigilator for her/his own exam. It is the right of the PACE or the Instructor to contact or refuse any invigilator it deems inappropriate.

Any associated venue, invigilation fees, or courier charges are the responsibility of and be paid for by the student.

This form must be submitted via email to <a href="mailto:n.stokes@uwinnipeg">n.stokes@uwinnipeg</a>

TEL: 204.982.6633