

TRU-OL Examinations, 900 McGill Rd, Kamloops, BC V2C 0C8
 Fax 250.852.6401 www.truopen.ca
 Email exams@tru.ca

OPEN LEARNING

GENERAL INFORMATION

- This form applies to students unable to write at a BC or CIN examination centre and require special arrangements (see below). **Note:** Students intending to write their examination in Hong Kong are required to contact TRU-OL Examinations.
- If none of the situations below applies to you, do not submit this form—submit the Supervised Exam Application form.
- If you are registered in a TRU-OL course delivered by SFU or UVic, do not submit this form. Examination information is included in the SFU or UVic student handbook in your course package.
- Complete section **A**. Request an appropriate supervisor to supervise (invigilate) your examination and have her/him complete section **B**.
- Fax or email the completed form to TRU-OL Examinations by the deadline date of the examination session requested. Additional time may be required for some special arrangements.
- The information you provide on this form is collected under the *Thompson Rivers University Act (BC)* and will be used to administer your request.
- Direct questions to Student Services, email: exams@tru.ca or phone: 1.800.663.9711 (toll-free in Canada) or 250.852.7000 (Kamloops and International).

A. STUDENT TO COMPLETE (PRINT CLEARLY)

I require special arrangements for the following reason [check (✓) one]:
 MORE THAN 100 KM FROM NEAREST EXAM CENTRE
 RESIDING OUTSIDE BC INCARCERATED
 WRITING OUTSIDE EXAM SESSION DATES (reason and documentation required)
 SPECIAL NEEDS (may require additional planning time and/or accommodations approval from program areas and Disability Services)

ENTER TRU STUDENT NUMBER

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SURNAME (legal)	
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FIRST NAME (legal)	FULL MIDDLE NAME(S) (legal)
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MAILING ADDRESS	
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MAILING ADDRESS (include buzzer code if applicable)	
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CITY / TOWN / VILLAGE	
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PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY
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HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER
AREA CODE	AREA CODE LOCAL

EMAIL ADDRESS (print clearly)

COURSE NUMBER	COURSE NAME
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EXAM SESSION MONTH	YEAR
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COURSE NUMBER	COURSE NAME
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EXAM SESSION MONTH	YEAR
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STUDENT'S SIGNATURE	DATE
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B. PRESIDING EXAMINATION SUPERVISOR TO COMPLETE (PRINT CLEARLY)

TRU-OL requires that presiding examination supervisors of TRU-OL examinations must be persons fluent in written and spoken English, be employed as an educator in a teaching or administrative capacity, or be a full-time regular employee of TRU-OL (not current TRU-OL student). Supervisors cannot be related to the student.

EXAMINATION SUPERVISOR NAME	POSITION TITLE
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EMPLOYED BY

HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER
AREA CODE	AREA CODE LOCAL

FAX NUMBER	EMAIL ADDRESS (print clearly)
AREA CODE	

MY IMMEDIATE SUPERVISOR'S NAME	POSITION TITLE
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TELEPHONE NUMBER	FAX NUMBER
AREA CODE LOCAL	AREA CODE

MY IMMEDIATE SUPERVISOR'S EMAIL ADDRESS (print clearly)

BUSINESS ADDRESS—TRU-OL WILL MAIL THE EXAMINATION(S) TO THIS ADDRESS
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CITY / TOWN / VILLAGE

PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY
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ADDRESS WHERE EXAMINATION(S) WILL BE WRITTEN
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CITY / TOWN / VILLAGE

PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY
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I agree to supervise the examination(s) of the student (A). I read, write and speak English fluently. I am not a relative of the above-named student or a current TRU-OL student.

I agree that I will ensure that the student will write the examination(s) 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 TRU-OL promptly by courier on completion of the examination, or upon request by TRU-OL.

EXAMINATION SUPERVISOR'S SIGNATURE	DATE
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