

## INVIGILATOR INFORMATION FORM

### Animal Health Technology Distance Education Program Thompson Rivers University

Please contact a local University or Community College in your area and arrange with them to receive and invigilate your examinations. These offices may be called the Assessment Center, Counseling Office, Testing Center, Examination Office, etc. Please contact the TRU AHTDE program if alternate arrangements are necessary. **The student is responsible for the invigilation fees.**

**Student's Name:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Date of Writing Exam:** \_\_\_\_\_

**Invigilator's Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**My relationship to the student is exclusively that of:** \_\_\_\_\_

**By signing this form I certify that the above information is true and that I have no personal relationship with the student.**

\_\_\_\_\_  
Signature

**Please mail the form back to: TRU Animal Health Technology Distance Education Program, Box 3010 Kamloops, BC V2C 5N3 or fax to (250) 828-5194**