

Statement of Presiding Supervisor



TRU-OL Examinations,
805 TRU Way
Kamloops BC V2C 0C8
Fax: 250-852-6401
Email: exams@tru.ca
truopen.ca



GENERAL INFORMATION / INSTRUCTIONS

- This form applies to students unable to write at a BC or CIN Exam centre and require special arrangements (see below). **Note:** Students intending to write their exam outside of Canada are required to contact TRU-OL Exams.
- Complete section **A**. Request an appropriate supervisor to supervise (invigilate) your exam and have them complete section **B**.
- Email the completed form to TRU-OL Exams by the deadline date of the exam 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.
- Email questions to exams@tru.ca or phone: 1.800.663.9711 Ext. 3 (toll-free in Canada) or 250.852.7000 Ext. 3 (Kamloops and International).

A. STUDENT TO COMPLETE (PRINT CLEARLY)

I require special arrangements for the following reason(s):

- MORE THAN 100 KM FROM NEAREST EXAM CENTRE
 RESIDING OUTSIDE BC/CANADA INCARCERATED
 WRITING OUTSIDE EXAM SESSION DATES (reason and documentation required)
 ACCOMMODATIONS APPROVED BY ACCESSIBILITY SERVICES

ENTER TRU STUDENT NUMBER

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PERSONAL DATA (PRINT CLEARLY)

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| SURNAME (legal) | 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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| TELEPHONE NUMBER | |
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| EMAIL ADDRESS (Print clearly) | |
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| COURSE CODE | COURSE NUMBER |
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| EXAM SESSION | |
| MONTH | YEAR |

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| COURSE CODE | COURSE NUMBER |
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| EXAM SESSION | |
| MONTH | YEAR |

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| STUDENT'S SIGNATURE | DATE (YYYY/MM/DD) |
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B. PRESIDING EXAM SUPERVISOR TO COMPLETE (PRINT CLEARLY)

TRU-OL requires that presiding exam supervisors of TRU-OL Exams 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 a verifiable educational institution. Supervisors cannot be related to or have a relationship to the student.

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| EXAM SUPERVISOR NAME | POSITION TITLE |
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| PLACE OF EMPLOYMENT |
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|---------------------------|----------------------------|
| BUSINESS TELEPHONE NUMBER | ALTERNATE TELEPHONE NUMBER |
| Area Code LOCAL | Area Code LOCAL |

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|------------------------|
| BUSINESS EMAIL ADDRESS |
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| BUSINESS ADDRESS—TRU-OL WILL MAIL EXAM(S) TO THIS ADDRESS |
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| CITY / TOWN / VILLAGE |
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| PROVINCE / STATE | POSTAL CODE / ZIP CODE | COUNTRY |
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| ADDRESS WHERE EXAM(S) WILL BE WRITTEN |
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| CITY / TOWN / VILLAGE |
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| PROVINCE / STATE | POSTAL CODE / ZIP CODE | COUNTRY |
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| REFERENCE: (PERSON YOU REPORT TO) | REFERENCE'S POSITION TITLE |
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| REFERENCE'S TELEPHONE NUMBER | |
| Area Code LOCAL | |

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| REFERENCE'S EMAIL ADDRESS (Print clearly) |
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I agree to supervise the exam(s) of the student (A). I read, write and speak English fluently. I am not a relative of or have a relationship with the student.

I agree that I will ensure that the student will write the exam(s) without assistance unless noted on the exam papers; all documents will be kept confidential until the time of writing, and I will not make copies; all exam papers, questions, answers, answer booklets (including those unused) will be returned to TRU-OL promptly on completion of the exam, or upon request by TRU-OL.

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| EXAM SUPERVISOR'S SIGNATURE | DATE (YYYY/MM/DD) |
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