

Invigilation Form

Desk Number: _____
 Actual Start Time: _____
 Calculated End Time: _____
 Actual End Time: _____

Complete the information below and email to testcentre@assiniboine.net along with any materials to be printed for the test.

| Contact Information | |
|--|-----------|
| Student Name | |
| Student ID | |
| Faculty Name | |
| Faculty contact during test | |
| Test Information | |
| Course Name | |
| Test Name | |
| Test Date | |
| Scheduled Start Time | |
| Time Limit | |
| Test Instructions | |
| Paper Based Test | |
| Online test in Moodle (see guide in the Knowledgebase for override instructions) | Password: |
| Online test with software requirements | Specify: |
| Student to use Test Centre's generic account (no access to their files) | |
| Student to use their own laptop | |
| Aids Allowed | |
| Resources allowed (e.g. open resource, textbook only, notes, comfort card) | Specify: |
| Calculator | Type: |
| No scrap paper allowed | |
| Bubble Sheet | |
| Special Instructions | |
| Student has approved accommodations through Accessibility Disability Services | |
| Other instructions: | |

If student arrives early: Allow to write Wait until scheduled time
 If student arrives late: Allow to write with allotted time Allow remaining time Notify instructor
 If there is a question: Contact instructor during the test Make a note beside the question
 Method of Return: Pick Up Interoffice mail Scanned/Emailed

| Completed by the Test Centre Staff | |
|------------------------------------|---|
| Policy statement | By signing this form, I will comply with the Test Centre policies and procedures. I acknowledge that any breach of these policies may result in disciplinary action. |
| Student Signature: | |
| Invigilator confirmation | I confirm that the student received the necessary instructions and insured compliance with the policies and procedures of the Test Centre. |
| Invigilator signature: | |