



**Assessment Centre**  
**Internal Invigilator Request**  
**Form**

Email all requests to: [assessment@ucn.ca](mailto:assessment@ucn.ca)

- Exams/Tests can be scheduled on weekdays from 8:30 a.m. to 4:30 p.m.

Proposed Exam Date/Time:	Confirmed Exam Date/Time:
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**A: STUDENT INFORMATION**

Student Name:	Student Phone Number:	Location: The Pas _____ Thompson _____
Student Number:	Program:	Course Name:

Accommodation on file: Yes \_\_\_\_\_ No \_\_\_\_\_

**B: UCN FACULTY INFORMATION**

Name of Instructor:	Instructor E-Mail: _____ Phone number: _____
Exam Drop-off Date & Time:	Exam Pick-up Date & Time:
UCN Dean has reviewed this request _____ <div style="display: flex; justify-content: space-around;"> <span>UCN Dean's Name</span> <span>UCN Dean's Signature</span> </div>	

**C: INVIGILATING INSTRUCTIONS**

Materials Allowed/Required:
<hr/> <hr/> <hr/> <hr/>
Exam Format: Paper _____ Online _____
Detailed instructions:
<hr/> <hr/> <hr/> <hr/>

X \_\_\_\_\_  
 Student Signature

X \_\_\_\_\_  
 Instructor Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_