

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 examination centre and require special arrangements (see below). **Note:** Students intending to write their examination outside of Canada 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 UVic, do not submit this form. Examination information is included in the 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 ACCOMMODATIONS (may require additional planning time and/or accommodations approval from program areas and Disability Services)

ENTER TRU STUDENT NUMBER

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PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)		FIRST NAME (legal)	FULL MIDDLE NAME(S) (legal)
MAILING ADDRESS			
MAILING ADDRESS (include buzzer code if applicable)			
CITY / TOWN / VILLAGE			
PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY	
HOME TELEPHONE NUMBER		BUSINESS TELEPHONE NUMBER	
Area Code		Area Code LOCAL	
EMAIL ADDRESS (Print clearly)			
COURSE NUMBER		COURSE NAME	
EXAM SESSION			
MONTH		YEAR	
COURSE NUMBER		COURSE NAME	
EXAM SESSION			
MONTH		YEAR	
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	
PLACE OF EMPLOYMENT			
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	
TELEPHONE NUMBER		FAX NUMBER	
Area Code LOCAL		Area Code	
MY IMMEDIATE SUPERVISOR'S EMAIL ADDRESS (Print clearly)			
BUSINESS ADDRESS—TRU-OL WILL MAIL EXAMINATION(S) TO THIS ADDRESS			
CITY / TOWN / VILLAGE			
PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY	
ADDRESS WHERE EXAMINATION(S) WILL BE WRITTEN			
CITY / TOWN / VILLAGE			
PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY	

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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