**GA CLASSIC EXAMINATION TIMETABLE**

|  |  |
| --- | --- |
| **Exam date** | DD/MM/YYYY |
| **Exam venue** | Full postal address of the examination location, including the center code. |
| **Exam start & finish time per component** |  |
| **Interlocutor-Invigilator Name(s)\***  **1 Interlocutor-Invigilator for every 12 candidates** |  |

**\*the regularity of the exam session is the Interlocutor’s responsibility.**

**Please complete and submit with the GA Classic Examination Application Form**

**and GA Classic Examination Candidate Spreadsheet.**