

## **Invigilator Agreement Form**

This form must be completed by all students registered in a course for which there is a midterm exam or a final exam. A separate form is required for each exam, each semester. It must be submitted to your Instructor as soon as possible immediately upon registration for a course in any given semester. It is the responsibility of the student to arrange an invigilator for her/his own exam in accordance with the criteria for invigilators specified by Queen's College and to ensure that the examination is written during the week specified in the course manual. It is the right of the College to contact or refuse any invigilator it deems inappropriate.

### **Section One: To be completed by the student. (Please print clearly)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail (if applicable): \_\_\_\_\_ Fax (if applicable): \_\_\_\_\_

Course Name and Number: \_\_\_\_\_

Course Instructor: \_\_\_\_\_

Semester: (i.e., Fall, 2002): \_\_\_\_\_

Invigilator: \_\_\_\_\_ Date Consulted: \_\_\_\_\_

Date of Exam (as scheduled in manual, i.e., week six, etc): \_\_\_\_\_

### **Section 2: To be completed by Invigilator. (Please print clearly)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail (if applicable): \_\_\_\_\_ Fax (if applicable): \_\_\_\_\_

Mailing Address (to where examination package should be sent): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Invigilator Declaration:**

*I agree to invigilate the above named exam for the above named student at a time and place mutually agreed upon by the student and myself. I understand that I will not be remunerated by the student or by Queen=s College for this service. I understand that it is my responsibility to advise students on matters pertaining to the examination procedure but not on matters pertaining to course or exam content. I agree to provide an appropriate testing environment and to secure all examination material before and after the examination date. I will return the written exam and any pertinent materials promptly to Queen=s College in the envelope provided. I understand that the student is not permitted to leave the examination room until the examination is completed and that I must remain with the student for the duration of the exam (except in the case of an emergency in which case I shall use my own discretion). I understand that the student and I must sign a verification form that will be contained in the examination package that will be sent directly to me.*

*I certify that I am not a family member, a member of the same household, or a student in the Associate in Theology Program at Queen=s College.*

*I certify that I am a member of the group indicated below:*

- member of the clergy (any denomination)
- faculty member, administrator or other professional staff member of a university, college, or secondary school (professor, teacher, principal, etc.)
- member of the medical profession (medical doctors, dentist, chiropractor, optometrist, pharmacist, veterinarian)
- member of the legal profession (judge, magistrate, lawyer, notary public police officer)
- postmaster
- professional accountant
- professional engineer

Invigilator=s Signature:

\_\_\_\_\_

Profession (as listed above): \_\_\_\_\_

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

**Student must return completed form to your INSTRUCTOR.**

