



External Exam Invigilation Request Form
PLEASE COMPLETE ALL FIELDS UNLESS OTHERWISE SPECIFIED

STUDENT INFORMATION

FIRST NAME	LAST NAME	STUDENT ID NUMBER
ADDRESS	TOWN/CITY	PROVINCE
POSTAL CODE	PHONE	EMAIL ADDRESS
PROGRAM OF STUDY	INSTRUCTOR NAME	INSTRUCTORS CONTACT INFORMATION

EXAM INFORMATION

COURSE NAME & NUMBER	INSTITUTION NAME	REQUESTED EXAM DATE	REQUESTED EXAM TIME

INVIGILATOR INFORMATION

INSTITUTION NAME: Olds College Test Centre	TITLE: Invigilator	INVIGILATOR INFORMATION: Lisa Paget
ADDRESS: 4500-50TH Street	CITY: Olds	PROVINCE: Alberta
POSTAL CODE: T4H 1R6	BUSINESS PHONE: 403-507-7946	EMAIL: tcentre@oldscollege.ca

Please email the completed form to the Olds College Test Centre at least 7 days prior to your requested examination date. This is necessary to allow adequate time to make the appropriate arrangements for your exam.