

COQUITLAM
(((OPEN Learning REMOTE EXAM INVIGILATION REQUEST FORM

Coquitlam Open Learning provides for remote invigilation of tests in cases where students temporarily reside outside of British Columbia. Please be aware that remote testing is not available for all courses. Availability depends on the format and requirements of the course being taken. Please check with Coquitlam Open Learning to determine if remote testing is possible prior to registering for the course.

The student/parent is responsible for making all arrangements with the invigilator.

Completed forms must be faxed to 604-936-6594 or emailed to COLRegistrar@sd43.bc.ca

STEP 1

The student or parent/guardian (if the student is under 19 years old), must read and fill in the following:

SECTION A - STUDENT DETAILS

Student Name: _____

PEN: _____

Address: _____

City/Town _____ Province/State _____

Country _____ Postal/Zip code: _____

Phone Number: _____ Fax Number: _____

Email: _____

COL Course(s) : _____

Name of the Invigilator nominated: _____

Student's Signature: _____ Date _____

The Parent/Guardian completes the following if the student is under 19 years old

I, _____ nominate and consent for _____
(Parent/Guardian's name) (Invigilator's name)

to supervise _____ as he/she writes his/her test/exam.
(Student's name)

(It is the parent/guardian's responsibility to ensure the invigilator's suitability.)

Parent/Guardian's Signature: _____

Date signed: _____

STEP 2

The invigilator must read and fill in the following:

SECTION B - INVIGILATOR INFORMATION

The invigilator nominated cannot be a close relative or friend of the student and must be currently employed in one of the following professions:

- Clergy person • Accountant • Judge / Lawyer • Optometrist/optician • Police officer • Librarian
- Engineer • Social Worker • University/college lecturer • Medical doctor • Chiropractor • Psychiatrist
- School teacher / principal • Dentist • Psychologist • Nurse • Dental Hygienist • Acupuncturist
- Occupational Therapist • Massage Therapist • Dietician • Registered Midwife • Naturopath
- Physical Therapist • Podiatrist • Veterinarian • or similar professional person

Invigilator information (to be filled in by the invigilator)

Invigilator Title (Mr/Ms, etc): _____

Invigilator First Name: _____ Surname: _____

Invigilator Occupation (eg, Dr, Lawyer, Teacher, etc) _____

Address: _____

City/Town _____ Province/State _____

Postal/Zip code: _____ Country _____

Home Phone Number: _____ Home Fax Number: _____

Work Phone Number: _____ Work Fax Number: _____

Business Name _____ Website _____

Cell Phone: _____ Email: _____

Additional Information:

- Unless explicitly stated otherwise, all invigilated (supervised) exams are "closed book" exams. While writing the test/examination students must only use materials authorized by COL.
- Arrangements for invigilation at an alternate location to COL should be made as soon as possible prior to the scheduled test/exam date (Contact your teacher for more information.)
- For **additional information** regarding invigilation, please contact the Coquitlam Open Learning office at **604-936-4285** or email your Coquitlam Open Learning teacher.

COQUITLAM OPEN LEARNING OFFICE USE ONLY

Request for off remote invigilation Approved _____ Not Approved _____