



Exam Application for Faculty of Education Distance Education Exams

NOTE: THIS FORM IS ONLY FOR STUDENTS LIVING OUTSIDE OF THE LOWER MAINLAND OR STUDENTS WHO LIVE IN THE LOWER MAINLAND AND CHOOSE TO WRITE IN THEIR HOME COMMUNITY

It is the student's responsibility to apply at a local exam centre or to find and retain an exam invigilator.

An invigilator must be an individual who is not a relative, friend, neighbor, co-worker, or person residing at the same address as the student. The invigilator must normally be a Faculty member in a post-secondary institution, a senior school administrator or librarian, or a senior administrator in a Canadian Embassy.

The exam invigilation date normally falls on the same day as the on-campus exam date.

This form must be received no later than six weeks prior to the on-campus exam date.

Please send the completed form to Jo-Anne Chilton at the above address. Forms received after the due date will incur an additional administrative fee of \$55, and will not be processed if the fee is not attached. Please attach a cheque or money order payable to UBC.

Forms will not normally be accepted within three weeks of the examination date.

When the form has been processed the student will be notified by email through the Student Services Centre.

If you are a student who lives within the Lower Mainland but does not wish to write the exam on campus, in addition to the above guidelines, please include a cheque or money order for \$30 payable to UBC.

If the exam is to be written outside of British Columbia, please attach a cheque or money order for CDN \$40 made payable to *The University of British Columbia* to the form that you submit. Forms received without the \$40 fee will not be processed.

NOTE: it is the student's responsibility to arrange for payment directly to the invigilator if any is required.

Course _____ Instructor Name _____

Student's Name _____ Student Number _____

Name of invigilator (please print) _____ Invigilator's Institution & Position _____

Full Street Address where exam is to be mailed. (We do not accept P.O. Box addresses) _____

City _____ Province _____ Country _____ Postal Code _____

Invigilator's Email address: (required) _____ Invigilator's Work Phone Number (include area code) _____

Date of Exam _____

Student's Signature _____ Date _____