



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'S NAME (IF APPLICABLE)	INSTRUCTOR'S CONTACT INFORMATION (IF APPLICABLE)

EXAM INFORMATION

COURSE NAME AND NUMBER (IF APPLICABLE)	INSTITUTION NAME	EXAM DATE	EXAM TIME
--	------------------	-----------	-----------

INVIGILATOR INFORMATION

INSTITUTION NAME Olds College Test Centre	TITLE Invigilator	INVIGILATOR INFO Beth Moritz Lisa Paget
ADDRESS 4500 50TH STREET	CITY Olds	PROVINCE Alberta
POSTAL CODE T4H 1R6	BUSINESS PHONE 4035077946	EMAIL ADDRESS tccentre@oldscollege.ca

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

Olds College Test Centre - [Email: tccentre@oldscollege.ca](mailto:tccentre@oldscollege.ca) | Fax: 403.5564705 | Toll Free: 1.800.661.6537