

# Statement of Presiding Supervisor



TRU-OL Examinations,  
805 TRU Way  
Kamloops BC V2C 0C8  
Email: exams@tru.ca  
truopen.ca



## GENERAL INFORMATION / INSTRUCTIONS

- This form applies to students who want to write in-person exams.
- Complete section **A**. Request an appropriate supervisor to supervise (invigilate) your exam and have them complete section **B**.
- Email the completed form to TRU-OL Exams. **You must provide at least three-weeks' notice.**
- The information you provide on this form is collected under the Thompson Rivers University Act (BC) and will be used to administer your request.
- Email questions to [exams@tru.ca](mailto:exams@tru.ca) or phone: 1.800.663.9711 Ext. 3 (toll-free in Canada) or 250.852.7000 Ext. 3 (Kamloops and International).

## A. STUDENT TO COMPLETE (PRINT CLEARLY)

Reason for submitting this form:

- ONLINE EXAM AT TESTING CENTRE  
 PAPER-BASED EXAM (*Reason needs to be provided in email*)  
 ACCOMMODATIONS APPROVED BY ACCESSIBILITY SERVICES  
 INCARCERATED

## PERSONAL DATA (PRINT CLEARLY)

|                               |                    |                             |
|-------------------------------|--------------------|-----------------------------|
| SURNAME (legal)               | FIRST NAME (legal) | FULL MIDDLE NAME(S) (legal) |
| TELEPHONE NUMBER              |                    |                             |
| EMAIL ADDRESS (Print clearly) |                    |                             |

## ENTER TRU STUDENT NUMBER

|                        |  |  |     |  |  |  |                   |  |  |
|------------------------|--|--|-----|--|--|--|-------------------|--|--|
| [Student Number Input] |  |  |     |  |  |  |                   |  |  |
| COURSE                 |  |  |     |  |  |  |                   |  |  |
| EXAM DATE              |  |  |     |  |  |  |                   |  |  |
| MONTH                  |  |  | DAY |  |  |  | YEAR              |  |  |
| COURSE                 |  |  |     |  |  |  |                   |  |  |
| EXAM DATE              |  |  |     |  |  |  |                   |  |  |
| MONTH                  |  |  | DAY |  |  |  | YEAR              |  |  |
| STUDENT'S SIGNATURE    |  |  |     |  |  |  | DATE (YYYY/MM/DD) |  |  |

## B. PRESIDING EXAM SUPERVISOR TO COMPLETE (PRINT CLEARLY)

TRU-OL requires that presiding exam supervisors of TRU-OL Exams must be persons fluent in written and spoken English, be employed as an educator in a teaching or administrative capacity, or be a full-time regular employee of a verifiable educational institution. Supervisors cannot be related to or have a relationship to the student.

|                                       |                        |                            |       |
|---------------------------------------|------------------------|----------------------------|-------|
| EXAM SUPERVISOR NAME                  |                        | POSITION TITLE             |       |
| PLACE OF EMPLOYMENT                   |                        |                            |       |
| BUSINESS TELEPHONE NUMBER             |                        | ALTERNATE TELEPHONE NUMBER |       |
| Area Code                             | LOCAL                  | Area Code                  | LOCAL |
| EMAIL ADDRESS                         |                        |                            |       |
| ADDRESS WHERE EXAM(S) WILL BE WRITTEN |                        |                            |       |
| CITY / TOWN / VILLAGE                 |                        |                            |       |
| PROVINCE / STATE                      | POSTAL CODE / ZIP CODE | COUNTRY                    |       |

|   |                            |
|---|----------------------------|
| REFERENCE: (PERSON YOU REPORT TO)         | REFERENCE'S POSITION TITLE |
| REFERENCE'S TELEPHONE NUMBER              |                            |
| Area Code                                 | LOCAL                      |
| REFERENCE'S EMAIL ADDRESS (Print clearly) |                            |

I agree to supervise the exam(s) of the student (A). I read, write and speak English fluently. I am not a relative of or have a relationship with the student.

I agree that I will ensure that the student will write the exam(s) without assistance unless noted on the exam papers; all documents will be kept confidential until the time of writing, and I will not make copies; all exam papers will be returned to TRU-OL promptly on completion of the exam, or upon request by TRU-OL.

|                             |                   |
|-----------------------------|-------------------|
| EXAM SUPERVISOR'S SIGNATURE | DATE (YYYY/MM/DD) |
|-----------------------------|-------------------|