



TESTING SERVICES – EXAM SUPERVISION FORM

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Please ensure all of the following information is filled out. An incomplete form may result in an unwritten exam.

Student Information (Print Clearly):

First Name: _____

Last Name: _____

- Exam Type: Deferred Exam Accommodated Exam
 Challenge Exam Husky Athlete (out of town)
 Supplemental Exam Other

Exam Type: Paper Online

Exam Type: Final Midterm Other _____

Exam Date: _____ Start Time: _____

Instructor Information (Print Clearly):

First Name: _____ Last Name: _____

Phone: _____ Department/Program: _____

Exam/Course Code: _____

Exam Allowed Time (In class): _____

Required Materials

(If no materials required, please draw a large bold "X" over the dotted box)

Calculators: Programmable (TI-83) Scientific Financial Basic

Formula Sheets: Provided by Student Provided by Instructor

Cheat Sheets: 8.5x11" Page 3x5" Card (Hand written formulas)

Dictionary: English Other (please specify): _____

Text Book/Class Notes (please specify): _____

TESTING SERVICES USE ONLY

Invigilated by: _____ Date: _____

Start Time: _____ End Time: _____ Actual Time: _____

Breaks: _____

Invigilator Signature: _____

Student Signature: _____

Instructor Signature (pickup): _____

Special Instructions (if any) for Student / Invigilator:

Accommodated Exams

Counsellor Name: _____ Contact: _____

Exam Allowed Time (with accommodations): _____

Private Room Large Room Reader Scribe

Computer Alternate Format Text to Speech Speech to Text

Other _____

