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**INVIGILATOR’S COVER SHEET**

Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alphabetic (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*(Alphabetic assignments for multiple exam rooms)*

* Please place a checkmark on the class list beside the name of each student who handed in an answer paper.
* Student numbers and names should be added at the end if they do not appear on the list.
* Make sure that no student leaves the room without handing in an examination paper.

**Please return this form to the department of the course subject.** Do not return to Enrolment Services.

Number of students writing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of exam booklets returned:   
*(Do not include unused booklets) \_\_\_\_\_\_\_\_\_\_\_*

Invigilator’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

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| **Exam emergency contact** Scheduling Services | Mon-Sun: 8:00 am – 8:00 pm | **Cell:** 604-827-1981 |