

# 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

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)
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