INSTRUCTOR’S EXAM INVIGILATION REQUEST FORM 

For Students with Academic Accommodations

**Location for Invigilation:** [ ]  **Castlegar Campus** **[ ]  Nelson (SK/Tenth Street/KSA) Campus**

**[ ]  Trail Campus** **[ ]  Extension Centres (Kaslo & Nakusp)** **[ ]  Grandforks Campus**

 **NOTE: email or deliver quiz/exam to the Accessibility Services Invigilation Centre**

**Instructor’s Name:**

**Course Name:**

**Student Name:**

**Invigilation date requested:**

**Start-time of exam:**

**Invigilation Room will be arranged by the Accessibility Services Assistants Nadya Sofonoff or**

**Andrew Green, and the student will be informed.**

 **INSTRUCTORS: PLEASE INDICATE (X) IN THE APPROPRIATE BOXES:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| **Open textbook** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Any form of Notes** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Calculator allowed** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Formula or Index Card allowed** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Computer Required** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Other specific items: eg. Compass, maps, ruler etc.** | **[ ]**  | **[ ]**  | **[ ]**  |

**If you answered “YES” to any of the above items, please indicate any special instructions for any or each area, or any other information that the student must know before completing the exam.**

**Quiz/Exam Time Limit: 50 min** [ ]  **80 min** [ ]  **110 min** [ ]  **2 hrs** [ ]  **3 hrs** [ ]  **Other**

**(Select the amount of time allowed by indicating (X) in the appropriate box, or specify time in Other box)**

Please complete this form, attach it with the quiz/exam, then email the form and quiz/exam to: accessibilityservices@selkirk.ca OR deliver them to the Accessibility Services Invigilation Centre

located in Room O-010 in the Odin Wing basement level.

PLEASE NOTE: Exams must be received NO LATER THAN 1:00 pm the day BEFORE the exam