

## Distance Delivery Exam Request / Off-Campus

Revised October-16

**\*Please note: this form is to be completed ONLY if writing outside of the Notre Dame Campus.** If writing on campus, you must complete and submit the Distance Delivery Exam Request form found here: [www.rrc.ca/deexamrequest](http://www.rrc.ca/deexamrequest)

To maintain the integrity of our exams, strict guidelines for exam invigilation must be followed. Exam invigilators must have a professional designation (school administrator, teacher, doctor, lawyer, librarian or member of the clergy for example). An exam invigilator cannot be a relative, friend, co-worker, supervisor, another student, or someone living at the same address.

The examination(s) should be written at a location agreeable to both parties.

*Note: Technical Support is available Monday-Thursday, 8:00am-7:30pm; Fridays, 8:00am-4:00pm; and Saturdays, 8:00am-4:00pm (CT) ONLY*

Once dates and times have been set, complete this form. Please make sure the form is filled out completely and have the invigilator sign where indicated. Mail to the address at the top of this form, fax to 204.633.7748 or email [distanceexams@rrc.ca](mailto:distanceexams@rrc.ca)

**\*Note: this form MUST be submitted 3 weeks prior to the scheduled exam date**

### PLEASE PRINT CLEARLY

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Course: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #(s): Home \_\_\_\_\_ Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

My **MIDTERM exam** is scheduled to be written on/at:  
*(if applicable)*

Date

Central Time

My **FINAL exam** is scheduled to be written on/at:

Date

Central Time

**Location exam to be written:** \_\_\_\_\_

*(Name of Educational Institution/Business Organization; Exams cannot be written at a private residence)*

Invigilator Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / Town, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Business \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address (Online Exams): \_\_\_\_\_

I have a professional designation. I certify that I am not a relative, friend, co-worker (including supervisor) or employer of this student. I do not reside at the same address as this student.

\_\_\_\_\_  
Invigilator Signature

\_\_\_\_\_  
Date