Application to Write Examinations (for students unable to write examinations at Simon Fraser University)

Name		Student Number
(Surname) (Given	Names)	
Address		
City	Province _	Postal Code
Telephone Number (Residence)		(Business)
Course(s)		
Please indicate whether you will be usin	g this exam proctor for the	midterm(s), final exam or both.
\square midterm(s)	☐ final	□ both
Name of Exam Proctor	(please p	rint)
Address where proctor wants exam maile	ed (please enclose your busin	ness card):
Institution Name		Department
Address		
City	Province	Postal Code
Telephone Number (Residence)		(Business)
Fax	E-mail address	
Proctor's Occupation	Please check one	Position Title
Junior/Senior High School Principal University or College Faculty		
University or College Administrator University / College or Public Librarian		
	overseas proctors must be	or or the Administrative Assistant of the able to read and understand the English
(Signature of Exam Proctor)		(Date)
Send to: Centre for Distance Edu	cation	

Examinations

Simon Fraser University Burnaby, B.C. V5A 1S6 Fax: (604) 291–4964 Do not submit this form with assignments. The form must be postmarked or faxed by the deadline noted on the assignment deadline sheet in your course package. students sending the form from outside Canada must send the form by fax or courier.