

ATKINSON

Faculty of Liberal & Professional Studies

Off-Site Exam Request Form

Please complete this off-site request form to write your exam at another recognized post-secondary institution. Details and instructions are noted at <http://www.atkinson.yorku.ca/DistanceEd/offsiteExam.htm>.

Return this form to: Attn: Program Secretary, Centre for Distance Education, 2120 Technology Enhanced Learning Building, Atkinson Faculty of Liberal & Professional Studies, York University, 4700 Keele Street, Toronto, Ontario, M3J-1P3. CANADA / Fax to: (416) 736-5637, E-mail: akcde@yorku.ca

Part A: Student Information - To be filled out by the Student

Student Name (write in Capital letters) Student #:	Course ID# and Title:
Mailing Address:	Reason for not attending On-Campus Exam:
Phone and Fax Numbers: (please include area code numbers)	On-Campus Exam Date and Time:
E-mail Address:	Course Instructor's Name:
Student Signature:	Do you have any approved specialized facilitation or accommodation needs that are required for you to write the exam? Yes () No ()

Part B: Invigilator Information - To be filled out by the Student/ Centre for Distance Education

Invigilator Name and Title:	Academic Institution University/College or other:
E-mail Address:	Institution Mailing Address:
Telephone Number: (please include area code numbers)	Off -Site Exam date and time scheduled:
Fax Number: (please include area code numbers)	Centre for Distance Education Approval Signature:

Part C: Course Instructor Information - To be supplied by the Course Instructor

Please note: The exam should be given to Distance Education at least one week prior to exam date

Course Instructor's Name and Signature:	Exam must be written: at same day and time () overlapping the on-campus exam () beginning of the next day () other ()
The course instructor has reviewed the arrangements on this form and gives his/her approval for the student to write this Off-site exam? Yes () No ()	Exam issued: original () alternate version () make-up () other ()

Part D: Fee Information - To be filled out by the Centre for Distance Education

Distance Education Fee charge: \$30 / \$60	Payment made: Yes () No () Invoice #:
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