



## TESTING SERVICES INVIGILATION FORM

Materials	#
Headphones	
Scrap	

### Student Information (Print Clearly)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Exam Type:  Paper  Computer  Scantron

Program: \_\_\_\_\_ SAIT School: \_\_\_\_\_

Exam Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Length (In Min): \_\_\_\_\_ X1.5 time if applicable:

Start Time: \_\_\_\_\_ Deduct Time if student is late: Yes  No

**\*\* Exam start & completion times must be within Testing hours of operation  
Please see [sait.ca/testing](http://sait.ca/testing) for our hours of operation.**

### To be completed by Testing Services ONLY at time of Exam:

Date:			
Start Time:	End Time:	Student Initial:	Actual end Time:
Testing Signature/Initial:			
<small>By Initialling &amp; signing this form, I agree that I have been made aware of and am equally responsible for monitoring my stated start &amp; end time. I agree that any exam related Materials provided must be returned at the end of the exam. Failure to comply will result in Academic Misconduct in accordance with SAIT Student Code of Conduct Policy.</small>			
Student Signature (Read above):			
Instructor/pick-up Signature:			

### Instructor Information: (Print Clearly)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SAIT School/Dept.: \_\_\_\_\_ Phone: \_\_\_\_\_

How/Where can we reach you during this exam (Phone/Room #): \_\_\_\_\_

Please check one below:

Daytime Program  Continuing Education  Distance Education

### Allowed Materials

**(If no materials are required, please draw a large bold "X" over the dotted box)**

Calculators:  Programmable (TI-83)  Scientific  Financial  Basic

Open Book:  Quizzes/Tests  Internet  Text  Notes

Other Materials:  Dictionary  3x5 Card  8 1/2x11  Other

Computer Exams:  Other Exam portal  Download Files  D2L

Formula Sheets:  Provided by Student  Provided by Instructor

### Exam Accommodations if Applicable:

Distraction Reduced  Kurzweil  Read & Write Gold

Interpreter  Extra time  Other (Please indicate)

Special Instructions:

Method of Return/  
pick-up

The personal information recorded on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP). The information will be used for the purpose(s) of Testing Services administration and is protected by the privacy provisions of the FOIP Act. If you have any questions about the collection and use of this personal information, please contact SAIT's FOIP Coordinator at 403-284-8633.