

## EXAMINATION INVIGILATION FORM MACQUARIE UNIVERSITY/OUA PROGRAM

Please complete a separate form for each unit that requires an invigilator. When completed, return this form *at least 4 weeks before the examination date*.

MQ Student Number: \_\_\_\_\_ OUA Student Number: \_\_\_\_\_

Family name: \_\_\_\_\_ Other name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Unit code: \_\_\_\_\_ Unit name: \_\_\_\_\_

Date of examination: \_\_\_\_\_

Proposed location of examination: \_\_\_\_\_  
\_\_\_\_\_

### INVIGILATOR INFORMATION (to be completed by the Invigilator)

An invigilator *MUST* be a minister of religion, police officer, lecturer, school teacher, accountant, solicitor, librarian, doctor, or a similarly authorised person.

The invigilator must be currently employed in one of the above professions and should not be a close relative or friend.

Title (Mr/Mrs/Ms/Dr): \_\_\_\_\_ First Name: \_\_\_\_\_

Surname/Family Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**INSTRUCTIONS FOR AN INVIGILATED EXAMINATION**

It is the student’s responsibility to ensure that:

- This form is completed and returned *at least 4 weeks before the examination date*.
- You arrange for an invigilator to supervise your examination and guarantee that required examination conditions are met.
- Any costs incurred for invigilation are paid by the student. These costs will not be reimbursed by the University.
- Your nominated invigilator is either a minister of religion, police officer, lecturer, school teacher, accountant, solicitor, librarian, doctor, or a similarly authorised person.
- The invigilator must not be a close relative or friend.
- Where you have more than one examination requiring invigilation, you may nominate different invigilators.
- Both you and your invigilator sign the form where indicated.

**STUDENT DECLARATION**

I declare that to the best of my knowledge, the information provided is correct.

Signature ..... Date .....

**INVIGILATOR DECLARATION**

I am currently employed in the capacity of \_\_\_\_\_ at \_\_\_\_\_ and I am not a close friend or relative of the student above. I will enforce any requirements of the examination, as specified by Macquarie University.

Signature ..... Date .....

Complete form and return to:

OUA Coordinator  
 Centre for Open Education,  
 Macquarie University  
 Sydney NSW 2109

☎ + 61 2 9850 9274  
 Fax: + 61 2 9850 7480  
 E-mail: [ouainfo@mq.edu.au](mailto:ouainfo@mq.edu.au)

**OFFICE USE ONLY**

Invigilator approved       Invigilator not approved

Signature ..... Date .....

Position .....