

REQUEST FOR EXAMINATION



Email completed form to your instructor (scan as a .pdf)

Student Name: _____ **Student ID:** _____

Mailing Address: _____

Telephone: (____) ____ - _____

E-mail: _____

Course: _____

Special Instructions (not required): _____

Policy Regarding Examinations

Students must arrange to have their examination supervised by an official/administrator from a college, school or an agency approved in advance by Pacific Rim Early Childhood Institute. **Students cannot write their exam at their place of work.** Picture identification must be shown at time of examination. Any examination fee is the student's responsibility. Students will have two hours to complete the examination without the use of notes or textbooks. For these course examinations, it will be helpful if you can choose a place that will allow you to use a computer so your proctor can email the examination directly to your instructor.

The following person has agreed to supervise my examination:

Supervisor's Name: _____

Title or Position: _____

Place of Employment: _____

Business Address: _____

Telephone: (____) ____ - _____

E-mail: _____

Examination Supervisor's Signature: _____