

EXAMINATION REQUEST FORM

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

To be completed and returned to your instructor a minimum of **1 week** prior to the date you arrange to write the exam with your proctor

Student Name: _____ Student ID: _____

Course:	Instructor's Name:
pecial Instructions (not r	equired):
	Policy Regarding Examinations
	ge to have their exam supervised by a professional invigilation service at a college,
•	professional examination service. Exams must be written in a professional testing
	subject to approval by Pacific Rim and must follow the instructions provided with the of approved testing facilities in each student's instruction package. Students cannot
	ocation where a conflict of interest may exist. Students should select a facility whe
•	to a computer (that must have Internet access disabled) for the full duration of the
	ere an appropriate computer is not available, exams may be hand written. The exa
will be completed with	out the use of Internet, books, notes, mobile devices or reference aids. Photo ID mu
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