

REQUEST FOR EXAMINATION



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:** _____

Mailing Address: _____

Telephone: (____) ____ - _____

E-mail: _____

Course: _____

Special Instructions (not required): _____

Policy Regarding Examinations

Students must arrange to have their exam supervised by staff from a school, college, university, library, or other organization approved in advance by Pacific Rim. There is a link to a list of approved proctors in each student's instruction package. **Students cannot write their exam at their place of work. Exams must be written in their proctor's place of employment.** Students should select a proctor and facility where they can have access to a computer for the full duration of the exam which is **two hours**. Exams may be hand written if a computer is not available. Any exam fee is the student's responsibility. The exam will be completed without the use of internet, books, notes or reference aids. Photo ID must be shown to the proctor at the time of the exam.

The following person has agreed to supervise my examination:

Supervisor's Name: _____

Title or Position: _____

Place of Employment: _____

Business Address: _____

Telephone: (____) ____ - _____

E-mail: _____

(the exam will be sent to this email address, please ensure it is legible)

Examination Supervisor's Signature: _____