Office of Registrarial Services, Scheduling

Students who will be living more than 150 kilometers from the University of Guelph during the deferred examination session may apply to write their deferred exam at an academic institution (High School, College or University) within their own vicinity.

Offsite Invigilator forms must be completed and signed by your invigilator. A deferred examination package will be sent, by FedEx to the institution named on your completed form. All deferred exams are to be completed on the scheduled date of the onsite exam. If payment is required to cover the cost of invigilating the exam(s), it is the **student's responsibility** to pay the invigilator directly.

Please return completed forms no later than **Friday, June 3rd, 2016** to:

Examinations Co-ordinator  
Scheduling  
Office of Registrarial Services  
3rd Floor UC  
University of Guelph  
Guelph, Ontario N1G 2W1  
519-824-4120, Ext. 58725  
orsexams@uoguelph.ca

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**Note:** If your completed Offsite Invigilator Form is not received by Friday, **June 3rd, 2016**, it will be assumed that you will be writing your deferred examination(s) on the Guelph campus.
Office of Registrarial Services, Scheduling

Deferred Examinations Off-site Invigilator Form

Completed forms MUST be returned by **Friday June 3rd, 2016**.

Student’s Name:______________________________________________________________

Student’s ID Number:_________________________________________________________

Student’s Telephone Number:___________________________________________________

Course Number: Date to be written:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Invigilator’s Name:___________________________________________________________

Title:___________________________________________

Email:________________________________________

Academic Institution and Department:___________________________________________

Street Address:____________________________________________________________________

City:___________________________________________

Province:_____________________________________

Country:_______________________________________

Postal Code:____________________________________

Telephone Number:____________________________________

My relationship to the student is exclusively that of:________________________________

By signing this form I certify that the above information is true and that I have no personal relationship with the student.

Invigilator’s Signature:______________________________________________

Note: If payment is required to cover the cost of invigilating the exam(s), it is the **student’s responsibility** to pay the invigilator directly.