

Student Information

Last Name _____ First Name _____
Phone Number _____ Student Number _____
Course Title _____ Course Number _____
Instructor's Name _____

Location

Campus: _____

Exam Type

Online
Paper

Date Requested: First Preference _____
(YY/MM/DD) Second Preference _____

Time of Exam _____ Duration of Exam _____ hours

If you are unsure how to complete this form, or if you have any questions about the accommodation process, please don't hesitate to call Invigilation Services at **250-784-7618** or email invigilation@nlc.bc.ca.

Additional information or comments