

Distance Delivery Examination Request

To maintain the integrity of our exams, strict guidelines for exam invigilation must be followed. Exam invigilators must have a professional designation (school administrator, teacher, doctor, lawyer, librarian or member of the clergy for example). An exam invigilator cannot be a relative, friend, co-worker, supervisor, another student, or someone living at the same address.

The examination(s) should be written at a location agreeable to both parties. Once arrangements have been made, and dates and times have been set, complete this form; all fields must be filled in. Have the invigilator sign where indicated, and mail to the address at the top of this form, info@elevatehealth.eu Attention: Gülsüm Bartolomeo-Barut

PLEASE PRINT CLEARLY

Student information

Name:	
Address:	
Phone Number(s):	
E-mail:	

Exam Information

Course(s):	
Date:	
Time:	
Price:	The payment of each exam consists of The student will pay cash before the start of each exam directly to the Invigilator.
E-mail:	

Proctor Information

Proctor Name:	
Occupation/Credentials:	

Address, Postal Code, City, Country:	
Phone Number(s):	
E-mail:	

Please check our website (<http://www.elevatehealth.eu/proctoring>) for the responsibilities and requirements of the proctor.

I have a professional designation. I certify that I am not a relative, friend, co-worker (including supervisor) or employer of this student. I do not reside at the same address as this student. I accept the responsibilities of a proctor.

Date:

Place:

Signature proctor:

*Note; This form **MUST** be submitted prior to the scheduled exam date