



**ARDEN UNIVERSITY QUALITY ASSURANCE DOCUMENT QA GD 04 - EXAMINATION CANDIDATES ATTENDANCE REGISTER**

Venue Name:

Date of Examination:

Time of Examination:

Start:

Finish:

Examination Subject:

**Note to invigilator:** Please sign in the appropriate column below to confirm that photo identification has been checked for each student.

<b>CANDIDATE NAME</b>	<b>STU</b>	<b>CANDIDATE SIGNATURE</b>	<b>PHOTO ID CHECKED – SIGNED BY INVIGILATOR</b>

Please return to Arden University with examination scripts. This page can be duplicated where extra space is required.