



Examination Officer's Details

College Name:	_____
Address:	_____ _____ _____
Telephone:	_____
Fax:	_____

Name of Examination Officer:	_____
Examination Officer's e-mail address:	_____
Secure e-mail for receipt of examination papers:	_____
Relevant Qualifications or Experience relating to your role as the College Examination Officer:	_____ _____ _____
<input type="checkbox"/> CV attached – tick as appropriate.	
<input type="checkbox"/> Please tick to confirm you have read and understand Arden University's 'Examination Rules and Regulations Policy'	

As the Examination Officer, I confirm all details provided on these forms are correct, to the best of my knowledge.

Signature of Examination Officer: _____

Date: _____



Invigilator's Details

Name of Invigilator: _____

Relevant Qualifications or Experience relating to your role as an Invigilator:

CV attached – tick as appropriate.

Please tick to confirm you have read and understand Arden University's 'Examination Rules and Regulations Policy'.

Name of Invigilator: _____

Relevant Qualifications or Experience relating to your role as an Invigilator:

CV attached – tick as appropriate.

Please tick to confirm you have read and understand Arden University's 'Examination Rules and Regulations Policy'.

Name of Invigilator: _____

Relevant Qualifications or Experience relating to your role as an Invigilator:

CV attached – tick as appropriate.

Please tick to confirm you have read and understand Arden University's 'Examination Rules and Regulations Policy'.