



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.

CANDIDATE NAME	STU	CANDIDATE SIGNATURE	PHOTO ID CHECKED – SIGNED BY INVIGILATOR

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