



EXAMINATION SECRETARIAT

INVIGILATOR'S REPLACEMENT FORM

EXAMINATION INFORMATION

CHIEF INVIGILATOR :

DATE :

TIME :

VENUE :

APPLICANT - INVIGILATOR INFORMATION

NAME :

MOBILE PHONE NO. :

REASON FOR REPLACEMENT :

REPLACEMENT - INVIGILATOR INFORMATION

NAME :

MOBILE PHONE NO. :

PLEASE TICK (✓) AND PLEASE FILL IN EACH BOX BELOW

APPLICANT

REPLACEMENT

I agree that action can be taken against me for any examination invigilation misconduct.

* I agree to invigilate replacing the applicant

* The applicant will replace me on (only if swapping)

Date : _____

Time : _____

Venue : _____

(signature & date)

(signature)

FOR OFFICE USE ONLY

Received by:

Action taken :

Name :

Date :

Note:

- i – Chief Invigilator replacement is only permitted for any academic staff
- ii – Examination Invigilator must understand the rules and regulation of examination





**EXAMINATION SECRETARIAT
UNIVERSITI INDUSTRI SELANGOR**

INVIGILATOR REPLACEMENT FORM

EXAMINATION INFORMATION

EXAMINATION DATE AND TIME :

EXAM VENUE :

CHIEF INVIGILATOR ON DUTY :

APPLYING INVIGILATOR INFORMATION

NAME :

MOBILE PHONE NO :

REASON FOR REPLACEMENT :

REPLACEMENT INVIGILATOR INFORMATION

NAME :

MOBILE PHONE NO :

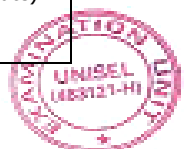
PLEASE TICK (✓) AND SIGN IN THE BOX BELOW

APPLICANT	REPLACEMENT
<p>I agree that action can be taken against me for any examination invigilation misconduct.</p> <p align="right">(Sign & date)</p>	<p><input type="checkbox"/> * I agree to invigilate replacing the applicant</p> <p><input type="checkbox"/> * The applicant will replace me on (only if swapping) Date & time : _____</p> <p align="right">(Sign & date)</p>

FOR SECRETARIAT USE

NOTES :

(Sign & date)



**if the applicant replacing for Chief Invigilator, the minimum level of education is Degree level
please make sure the replacement invigilator know the roles of Chief Invigilator or Invigilator