unisel
UNIVERSITI SELANGOR

EXAMINATION SECRETARIAT

INVIGILATOR'S REPLACEMENT FORM

EXAMINATION INFORMATION

CHIEF INVIGILATOR :

DATE : TIME : VENUE :

APPLICANT - INVIGILATOR INFORMATION

NAME :

MOBILE PHONE NUMBER :

REASON FOR REPLACEMENT :

REPLACEMENT - INVIGILATOR INFORMATION

NAME :

MOBILE PHONE NUMBER :

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. *(Signature and Date)*	☐ * I agree to invigilate replacing the applicant. ☐ * The applicant will replace me on (only if swapping):- Date : _____ Time : _____ Venue : _____ *(Signature)*

FACULTY/CENTRE APPROVAL	EXAMINATION AND COURSE EVALUATION VERIFICATION
Approved by Academic Deputy Dean : ..... Name : Date : Notes :	Verified by Examination and Course Evaluation Unit Assistant Registrar : ..... Name : Date : Notes :

Notes:

i – Chief Invigilator replacement is only permitted for Academic Staff

ii – Examination Invigilator must understand the Rules and Regulation of Examination

©Copyright /University Selangor (UNISEL)