



**EXAMINATION SECRETARIAT**  
**INVIGILATOR'S REPLACEMENT FORM**

**EXAMINATION INFORMATION**

**CHIEF INVIGILATOR :**

DATE :

TIME :

VENUE :

**APPLICANT INFORMATION**

NAME :

MOBILE PHONE NUMBER :

REASON FOR REPLACEMENT :

**REPLACEMENT INVIGILATOR INFORMATION**

NAME :

MOBILE PHONE NUMBER :

**PLEASE TICK (✓) AND FILL THE INFORMATION BELOW**

APPLICANT	REPLACEMENT
<p>I agree that action can be taken against me for any examination invigilation misconduct.</p> <p><input type="checkbox"/> * Own paper invigilation. *Invigilation of own paper should get an approval from TNC(A).</p> <p style="text-align: right;"><i>(Signature and Date)</i></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):-</p> <p>Date : _____</p> <p>Time : _____</p> <p>Venue : _____</p> <p style="text-align: right;"><i>(Signature and Date)</i></p>

**FACULTY/CENTRE APPROVAL**

Approved by Academic Deputy Dean :

.....  
Name :

Date :

Notes :

**EXAMINATION AND COURSE EVALUATION VERIFICATION**

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